

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Frederick</b> <sup>Town</sup>		<b>Alley</b> <sup>County</sup>		MARYLAND	
Date of death 190	<b>7</b> <sup>Month</sup>	<b>May</b> <sup>Day</sup>	<b>43</b> <sup>Years</sup>	<b>4</b> <sup>Months</sup>	<b>10</b> <sup>Days</sup>
Sex <b>M.</b>	Color or Race <b>W</b>		Birth-place <b>Frederick Md</b>		
Occupation <b>---</b>			Where Residing if not at place of death <b>---</b>		
Married, Single or Widowed <b>---</b>			Name of Wife or Husband <b>---</b>		
Father's Name <b>Oscar Anthony</b>			Father's Birthplace <b>Md</b>		
Mother's Maiden Name <b>Annie Morrison</b>			Mother's Birthplace <b>Md</b>		
Name of person giving information <b>Oscar Anthony</b>			How related to deceased <b>Son</b>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>Premature birth - 8 months</b>	How long
Immediate	<b>---</b>	How long
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>J. H. H. H.</b>
		Address <b>Frederick Md</b>
Accident or Suicide? <b>---</b>		

Haver

Aug. 2.

Name  
in  
Full

Mrs Jessie Ayers.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

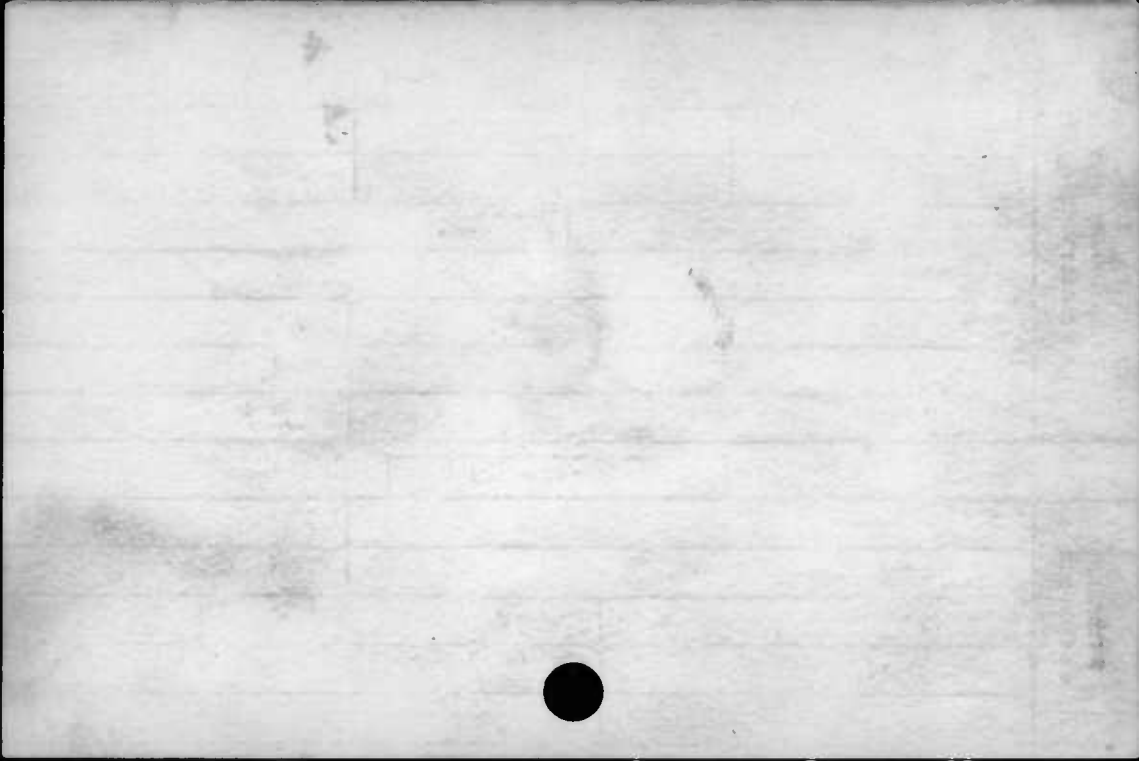
Died at <u>Barton</u>		Town		County <u>Allegany</u>		State <u>MARYLAND</u>	
Date of death 1907	Month <u>May</u>	Day <u>27</u>	Years <u>61</u>	Months <u>—</u>	Days <u>5</u>		
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Scotland</u>				
Married, <del>Single</del> <del>or Widowed</del>	<u>Married</u>		Occupation <u>Housewife</u>				
Name of Wife or Husband <u>Henry Ayers</u>							
Father's Name <u>Archibald Meek</u>		Father's Birthplace <u>Scotland</u>					
Mother's Maiden Name <u>Christian Tate Meek</u>		Mother's Birthplace <u>Scotland</u>					
Name of person giving Information <u>Son and Daughter</u>		How related to deceased					

## CAUSES OF DEATH

(91)

PHYSICIAN  
OR CORONER

Primary	<u>Chronic Bronchitis</u>	How long	<u>years</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. H. McLean M.D.</u>	
		Address <u>Barton, Md.</u>	
Accident or Suicide?			



Name  
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CERTIFICATE OF DEATH

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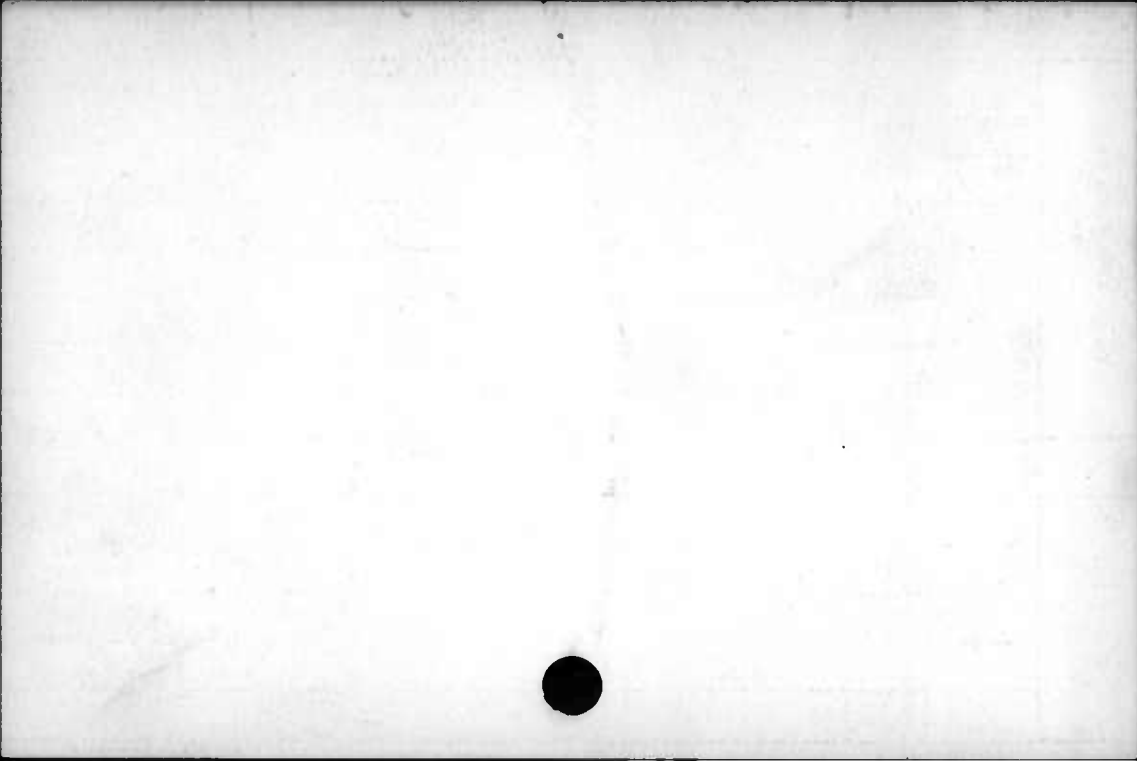
Name *Wagac Baxter* Town *Chimberland* County *St. Mary's* MARYLAND  
Died at  
Date of death *1907* Month *5* Day *25* Age *about 60* Years Months Days  
Sex *Male* Color or Race *White* Birthplace *Unknown*  
Occupation *Laborer* Where Residing if not at place of death  
Married, Single or Widowed *Married* Name of Wife or Husband *None*  
Father's Name *Unknown* Father's Birthplace *Unknown*  
Mother's Maiden Name *G. S. Butler* Mother's Birthplace *Unknown*  
Name of person giving information *G. S. Butler* How related to deceased *None*

CAUSES OF DEATH

**166**

PHYSICIAN  
OR CORONER

Primary *RR Road accident* How long *immed 1/2*  
Immediate *RR Road accident* How long *immed 1/2*  
Are the name, age, sex, color, date and place correctly given above?  
Signature of Physician *G. H. Matz, Coroner*  
Address *Chimberland Md*  
Accident or Suicide? *accident*



Name  
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CERTIFICATE OF DEATH

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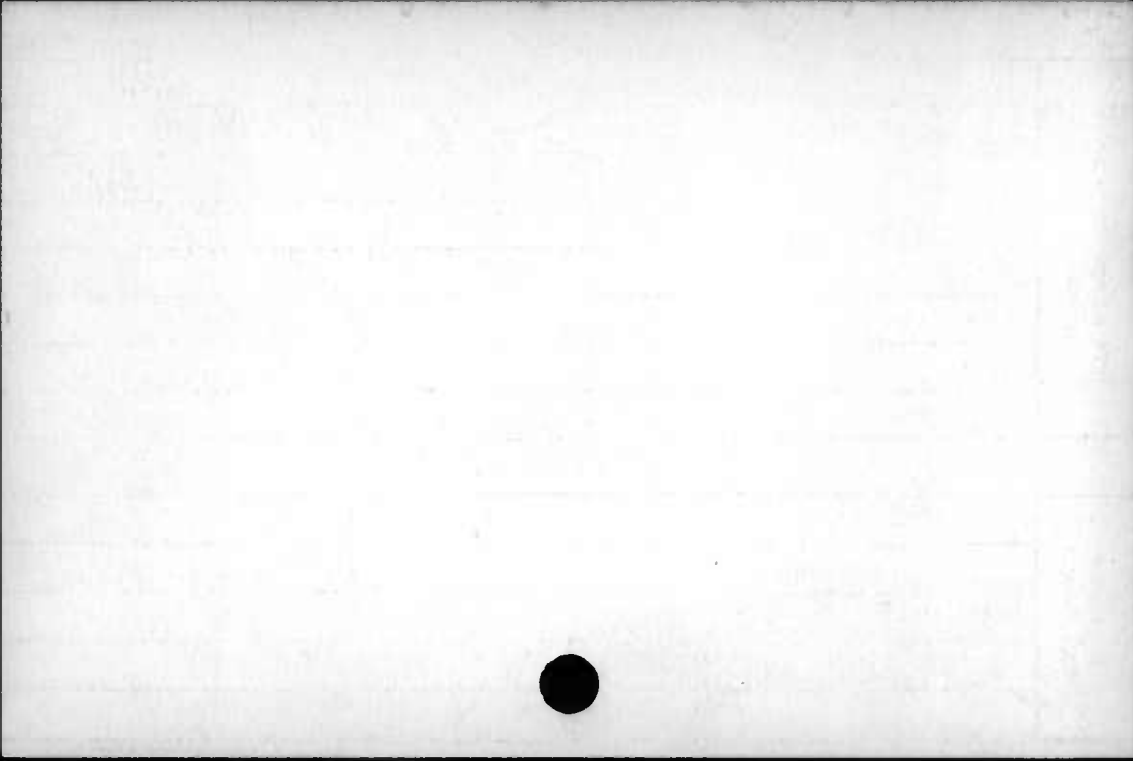
Died at <i>Gilmore</i> <sup>Town</sup>		<i>Allegany</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month <i>May</i>	Day <i>19</i>	Age <i>20</i>	Years <i>8</i> Months <i>15</i> Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place		
Occupation <i>Driver in mine</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Samuel Beaman</i>			Father's Birthplace <i>Lincolnton</i>		
Mother's Maiden Name <i>Mappie Brown</i>			Mother's Birthplace <i>Lincolnton</i>		
Name of person giving information <i>Samuel Beaman</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary	<i>Killed by cars (RR)</i>	How long	<i>Immediate</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>G. H. Maule, Coroner</i>	
		Address <i>Academy</i>	
Accident or Suicide? <i>Accident</i>			





Name in Full		Robert Emmett Broderick				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Frostburg		County Allegany		STATE MARYLAND	
	Date of death		1904	Month 5	Day 29	Age Years 23	Months 8 Days 13	
	Sex M.		Color or Race W.		Birth- place Md			
	Occupation School.		Where Residing if not at place of death					
	Married, Single or Widowed Single		Name of Wife or Husband					
	Father's Name Thomas Brodrick				Father's Birthplace Ireland			
	Mother's Maiden Name Jane Carny				Mother's Birthplace Md.			
	Name of person giving In formation Mike Coblon				How related to deceased Brother-in-law			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">164</div>								
PHYSICIAN OR CORONER	Primary		Cerebral Hemorrhage.				How long	
	Immediate						How long 15 hours.	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Dr. W. M. Lane			
			Address		Frostburg Md			
<div style="text-align: center;">Accident or Suicide?</div>								



Name  
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CERTIFICATE OF DEATH

Baby Henry Bullitt

Town Cumberland County Allegany

MARYLAND

Died at Cumberland Date of death 1907 Month May Day 9th Age one hour and half Years 0 Months 0 Days 0

Sex male Color or Race colored Birth-place Cumberland

Occupation — Where Residing if not at place of death —

Married, Single or Widowed single Name of Wife or Husband —

Father's Name Henry Bullitt

Father's Birthplace West va

Mother's Maiden Name Nannie Wells

Mother's Birthplace West va

Name of person giving information Henry Bullitt

How related to deceased father

CAUSES OF DEATH

151

Primary Premature birth How long about 6 1/2 hrs.

Immediate deficient circulation

Are the name, age, sex, color, date and place correctly given above? yes

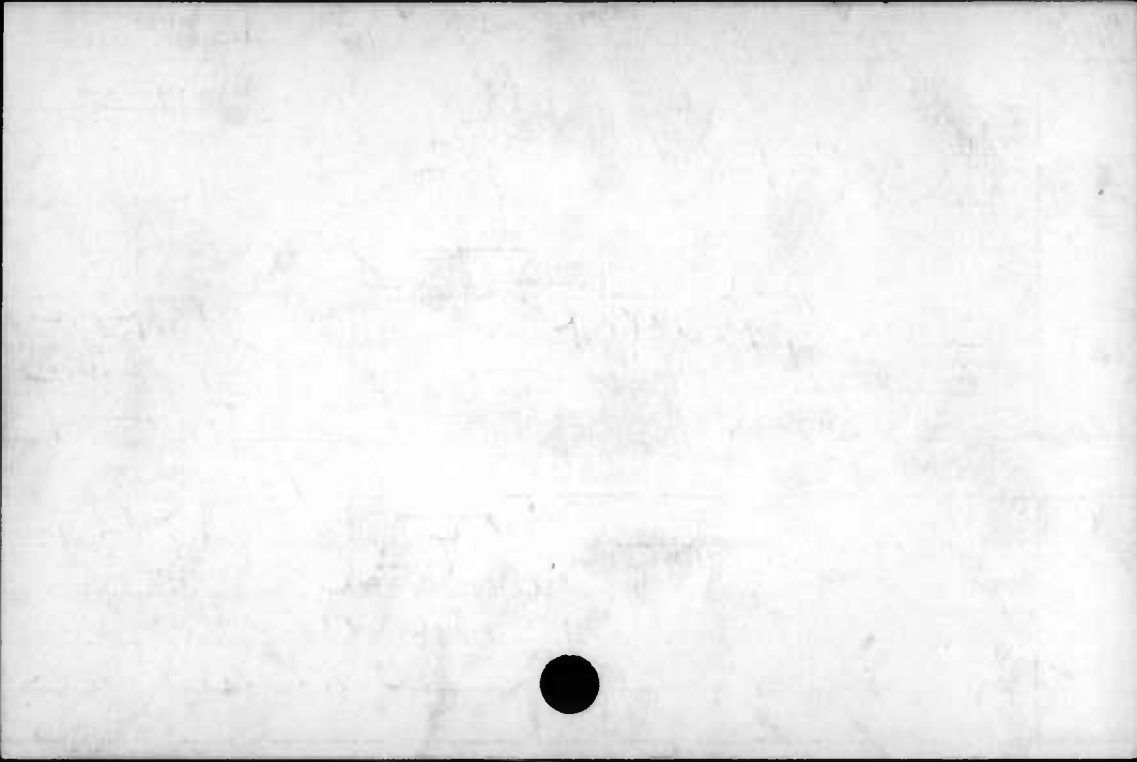
Signature of Physician Thurgood Thomas M.D.

Address 65 N. Mechanic St.

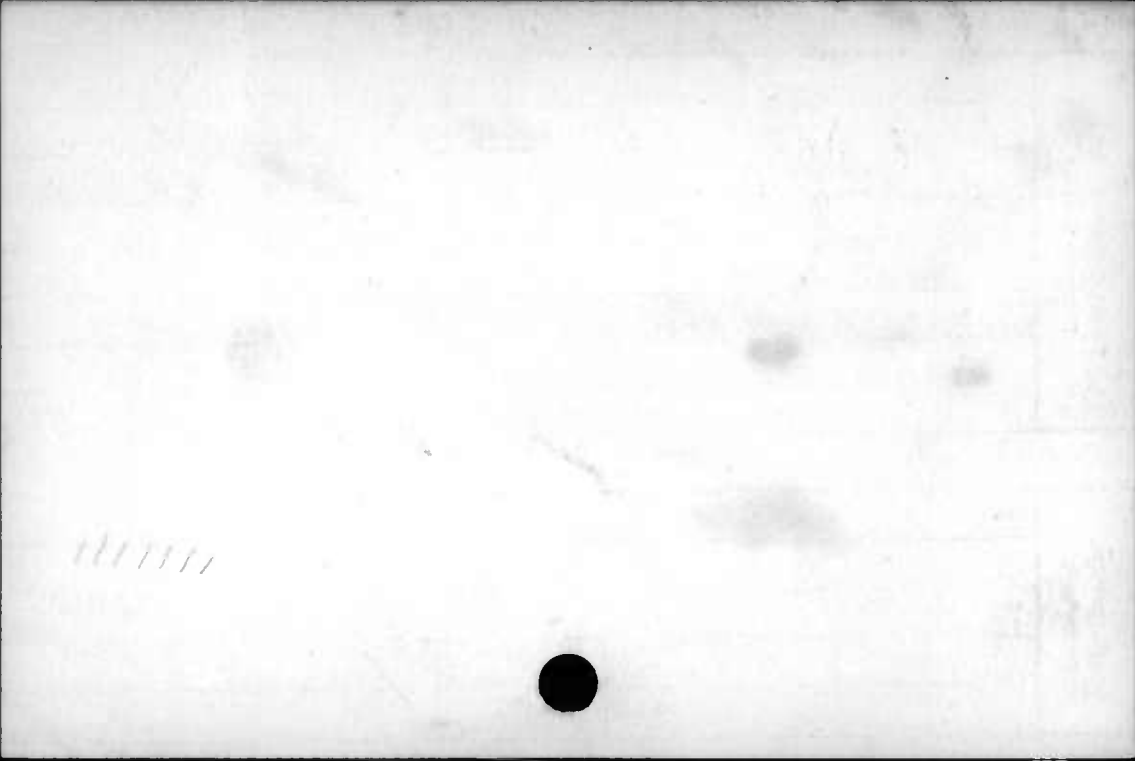
Accident or Suicide? —

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name in Full		Louisia Bullett				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Cumberland		County Allegany							
		Date of death		1907	Month May	Day 8	Age 62	Months	Days				
		Sex		Female		Color or Race		Colored		Birth-place		Va.	
		Occupation				Domestic				Where Residing if not at place of death			
		Married, Single or Widowed		Widowed		Name of Wife or Husband		Thos Bullett					
		Father's Name		Dart / know						Father's Birthplace		Dart / know	
		Mother's Maiden Name		"						Mother's Birthplace		"	
		Name of person giving information		Frank Bullett						How related to deceased		Son	
PHYSICIAN OR CORONER		CAUSES OF DEATH											
		Primary		Brights Disease						How long		120	
		Immediate		Uremic Coma						How long		1 mo.	
		Are the name, age, sex, color, date and place correctly given above?		Yes						Signature of Physician		Dr. Spurgeon Sparks	
		Address		Cumberland						Md.			
Accident or Suicide?													



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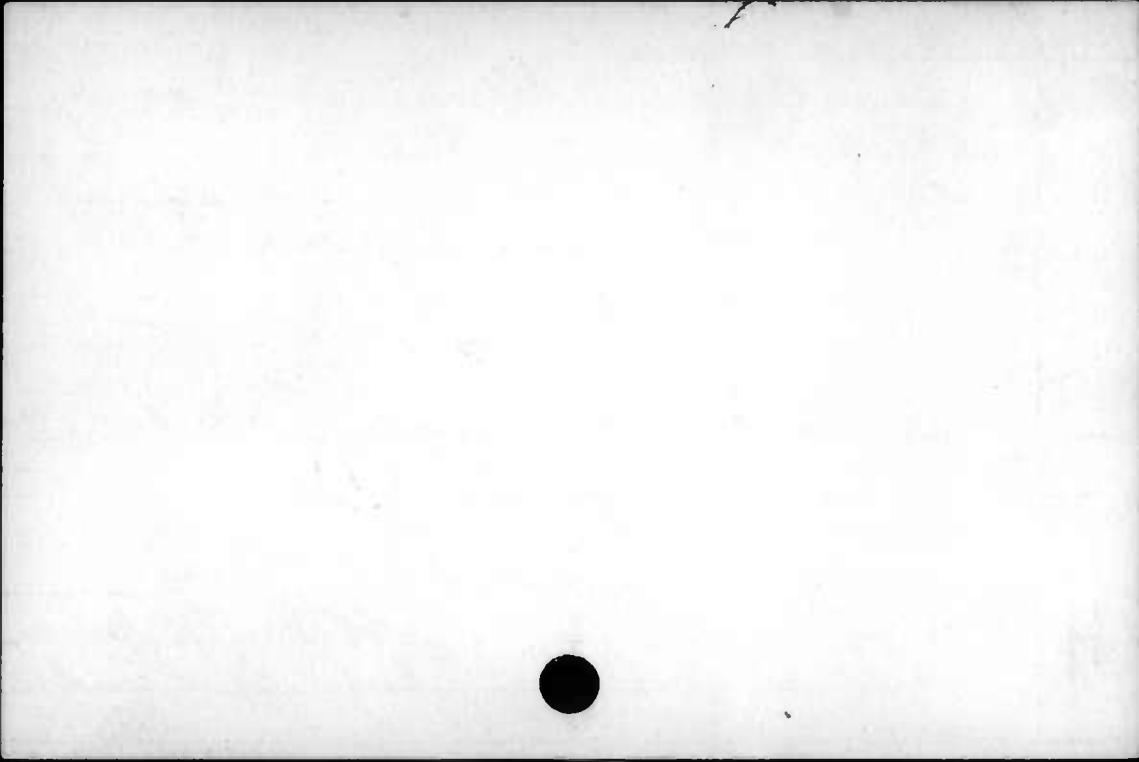
Died at		Town <i>Millard</i>		County <i>Albany</i>		State <i>MARYLAND</i>	
Date of death	1907	Month 5	Day 13	Age 20	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>N. Va.</i>				
Occupation <i>Stenographer</i>	Where Residing if not at place of death <i>Pittsburg Pa.</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Geo. D. Carpenter</i>	Father's Birthplace <i>Virginia</i>						
Mother's Maiden Name <i>N. A. Keipull</i>	Mother's Birthplace <i>N. Va.</i>						
Name of person giving Information <i>J. D. Carpenter</i>	How related to deceased <i>brother</i>						

## CAUSES OF DEATH

①

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>3 weeks.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. D. Carpenter</i>
	Address <i>Millard Md.</i>
Accident or Suicide?	





Name  
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David Clarke

CERTIFICATE OF DEATH

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Died at <i>Barton Md</i>		County <i>Allegheny</i>		MARYLAND	
Date of death 1907	Month <i>May</i>	Day <i>2</i>	Years <i>68</i>	Months <i>2</i>	Days <i>-</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth place <i>Scotland</i>		
Married, Single or Widowed <i>Widower</i>	Occupation <i>Coal miner</i>				
Name of Wife or Husband <i>I don't know</i>					
Father's Name <i>I don't know</i>			Father's Birthplace <i>I don't know</i>		
Mother's Maiden Name <i>I don't know</i>			Mother's Birthplace <i>I don't know</i>		
Name of person giving information <i>Son, daughter-in-law, and others</i>			How related to deceased		

CAUSES OF DEATH

How long

How long

PHYSICIAN  
OR CORONER

Primary *Over dose of Laudnum*  
*self administered.*

Immediate

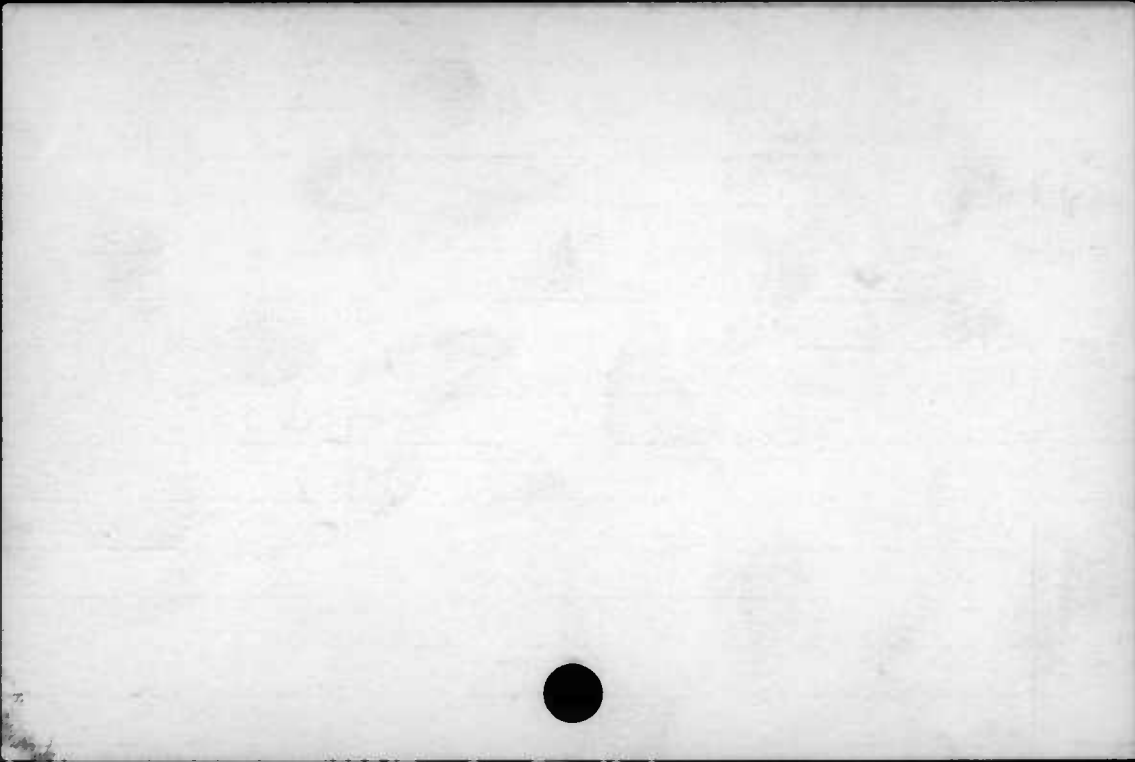
Signature of Physician

Address

*G. H. Martz Leamer*  
*Cambridge*  
*Md*

Accident or Suicide?

*Suicide*



Name  
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Full

Reginald Bowherd

## CERTIFICATE OF DEATH

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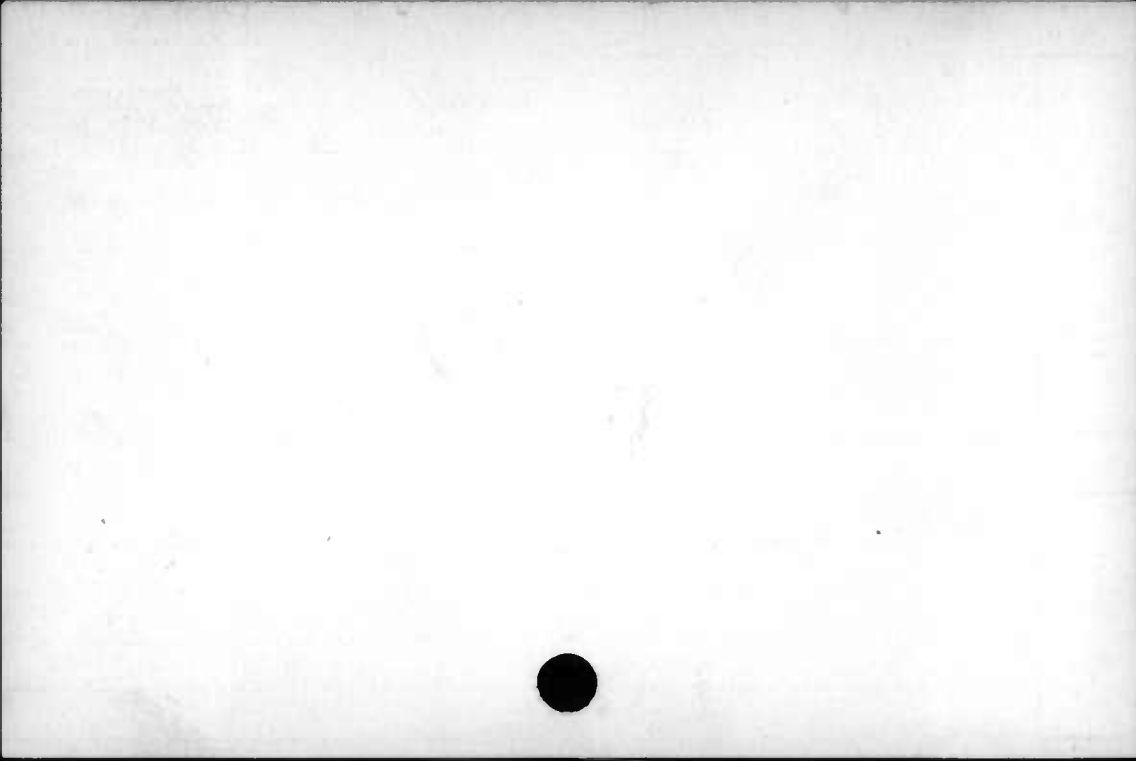
Died at		Town Cumberland		County allegany		MARYLAND	
Date of death	1907	Month May	Day 4	Age	Years 15	Months	Days
Sex	male		Color or Race	white		Birth place	Hinton W. Va.
Occupation	Laborer			Where Residing if not at place of death Green St			
Married, Single or Widowed	single		Name of Wife or Husband none				
Father's Name	Gabriel Bowherd					Father's Birthplace	W. Va.
Mother's Maiden Name	Toodie White					Mother's Birthplace	Cumtka
Name of person giving in formation	Wm E White					How related to deceased	Uncle.

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary	accidental of falling Wall on him		How long
Immediate	immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician G. H. Martz, Coroner	
		Address Cumberland Md.	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

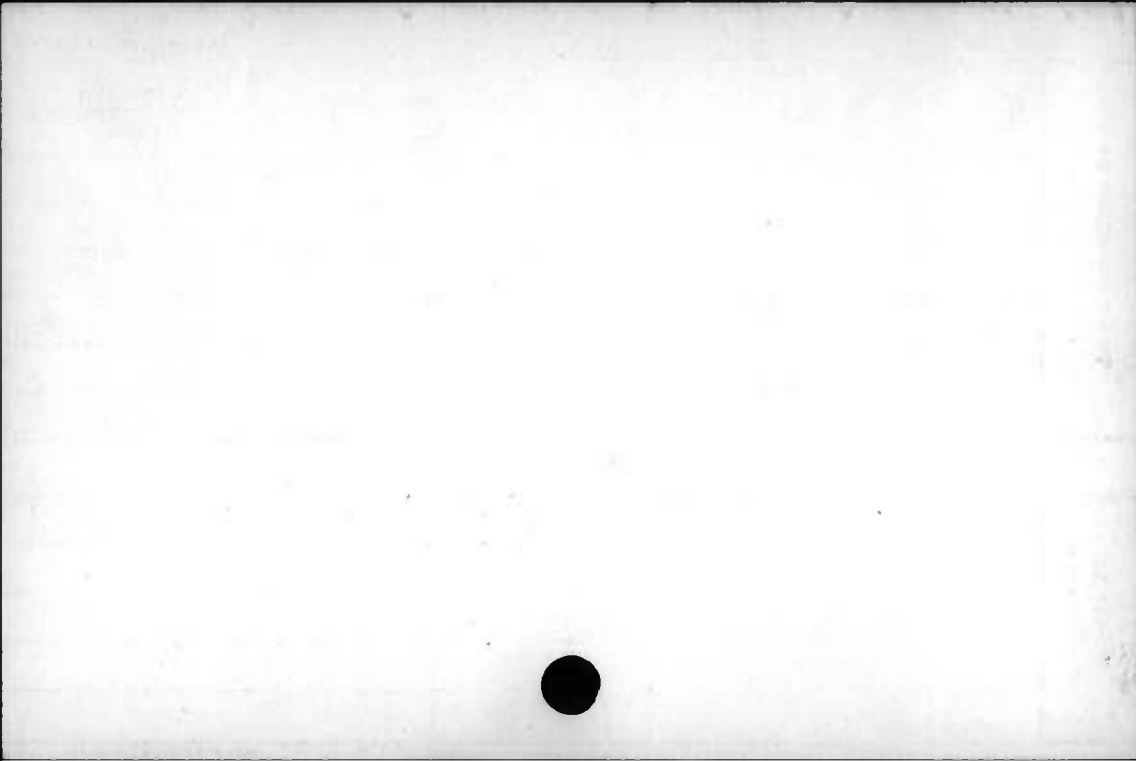
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Robt. G. Creighton</b>		Town <b>Lonaconing</b>		County <b>Alleghany</b>		State <b>MARYLAND</b>	
Died at <b>Lonaconing</b>		Month <b>July</b>		Day <b>8th</b>		Years <b>34</b>	
Date of death <b>1907</b>		Months <b>7</b>		Days <b>2</b>			
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Scotland</b>			
Occupation <b>Miner</b>		Where Residing if not at place of death <b>—</b>					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Jeannette Potlock</b>					
Father's Name <b>James Creighton</b>		Father's Birthplace <b>Scotland</b>					
Mother's Maiden Name <b>Isabella</b>		Mother's Birthplace <b>Scotland</b>					
Name of person giving information <b>Mrs. Robt. G. Creighton</b>		How related to deceased <b>Wife</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Carcinoma</b>	<b>(45)</b>	How long <b>1 year</b>
Immediate <b>Asthma</b>		How long <b>—</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Henry H. Hodgson M.D.</b>
		Address <b>Lonaconing, Md.</b>
Accident or Suicide? <b>No</b>		



Name  
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CERTIFICATE OF DEATH

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Joseph L. Diesterhaff

Died at <sup>Town</sup> Cumberland <sup>County</sup> Allegany MARYLAND

Date of death 1907 <sup>Month</sup> May <sup>Day</sup> 23 <sup>Years</sup> Age 79 <sup>Months</sup> <sup>Days</sup>

Sex Male <sup>Color or Race</sup> White <sup>Birthplace</sup> Md

Occupation Laborer <sup>Where Residing if not at place of death</sup>

Married, Single or Widowed Married <sup>Name of Wife or Husband</sup> Henrietta Rank

Father's Name Louis Diesterhaff <sup>Father's Birthplace</sup> Germany

Mother's Maiden Name Do not know <sup>Mother's Birthplace</sup> Germany

Name of person giving information J. B. Ogden <sup>How related to deceased</sup> Son in law

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Apoplexy (64) <sup>How long</sup> 4 days

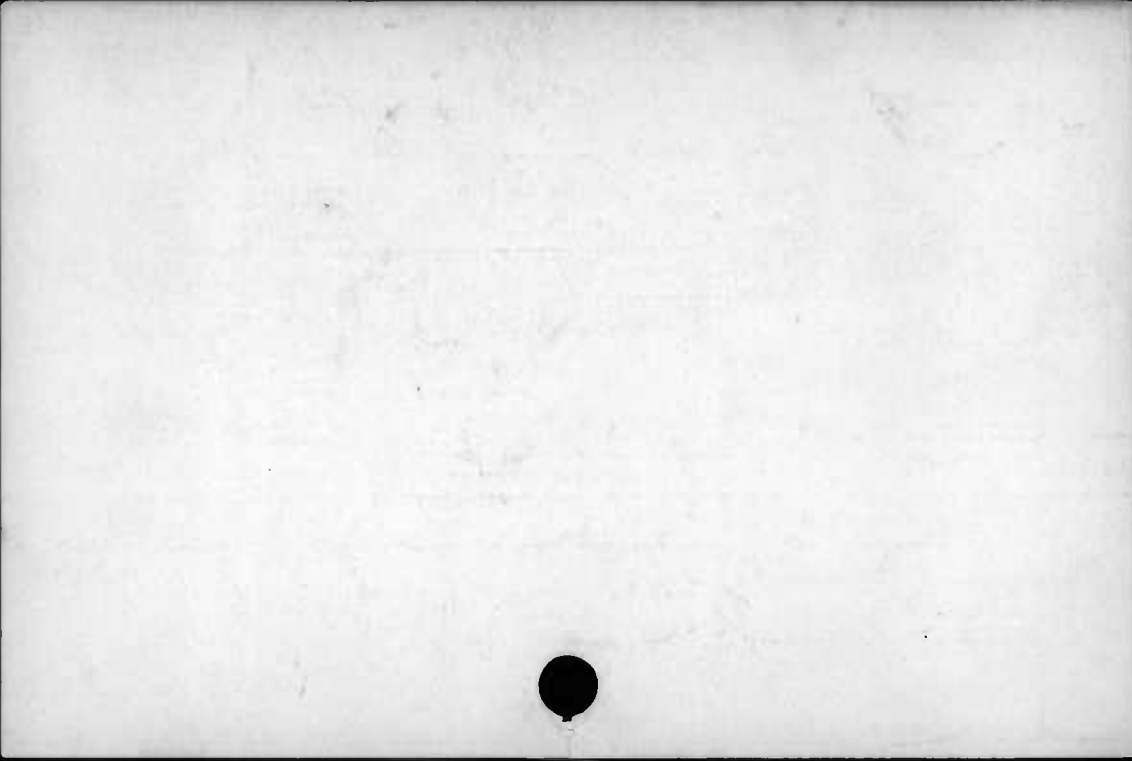
Immediate Paralysis <sup>How long</sup> 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. F. Gurgel

Address Cumberland Md

Accident or Suicide? No





Name  
in  
Full

Lewis Jackson Duckworth

## CERTIFICATE OF DEATH

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Died at		Town Frostburg		County Allegany		MARYLAND	
Date of death	1907	Month May	Day 25	Age 79	Years	Months 9	Days —
Sex	male		Color or Race	white		Birth- place	Westernport Md
Occupation	Clerk -			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Charlotte Shaw			
Father's Name	Miah Duckworth				Father's Birthplace	England	
Mother's Maiden Name	Charlotte Shaw				Mother's Birthplace	Maryland	
Name of person giving In formation	Wm Thomas				How related to deceased	Son-in-law	

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Valvular Heart disease		How long	3 months
Immediate	Senility		How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address Frostburg, Md.		
Accident or Suicide?				

Any Fishbone  
Braconing

Name  
in  
Full

Malcolm Hunter Duncan

## CERTIFICATE OF DEATH

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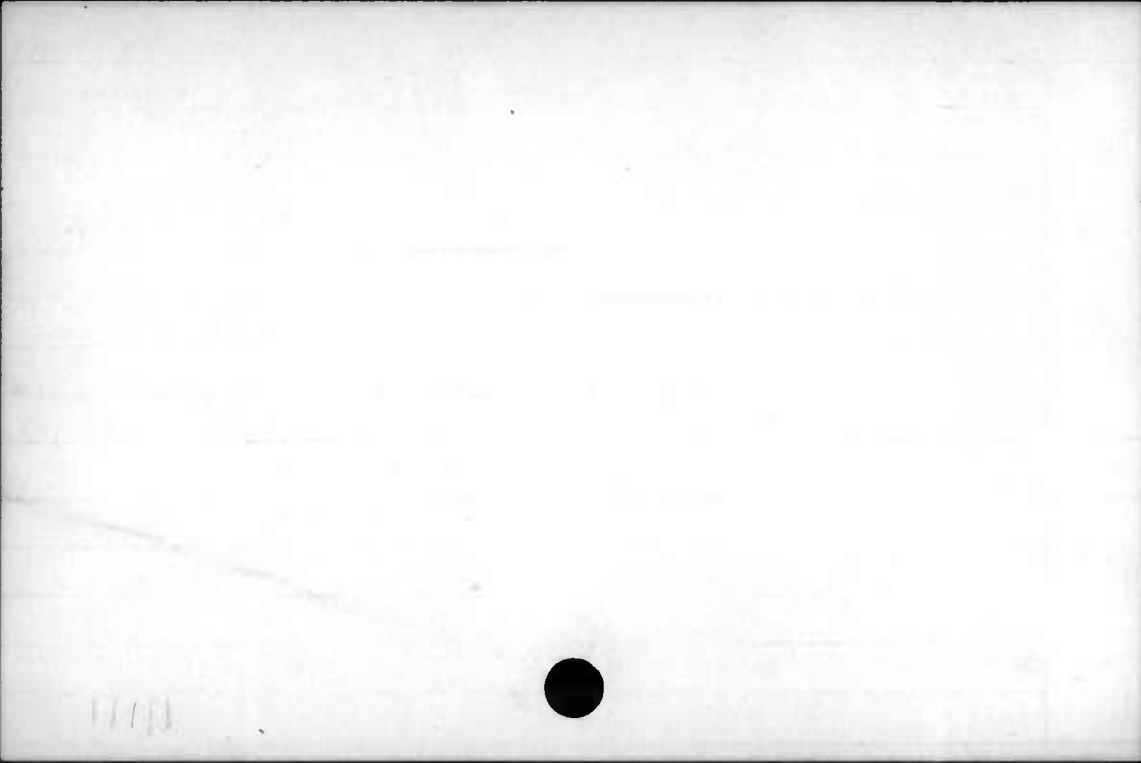
Died at <i>Middlebrian</i> <sup>Town</sup>		<i>Allegheny</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month <i>5</i>	Day <i>7</i>	Age <i>2</i> <sup>Years</sup>	Months <i>5</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Middlebrian</i>		
Occupation <i>ND</i>			Where Residing if not at place of death <i>Middlebrian</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John Duncan</i>			Father's Birthplace <i>Middlebrian</i>		
Mother's Maiden Name <i>Eurtrude Willets</i>			Mother's Birthplace <i>Middlebrian</i>		
Name of person giving Information <i>John Duncan</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>3 weeks</i>
Immediate <i>Bronchitis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. F. L. Olyne</i>
	Address <i>Middlebrian</i>
Accident or Suicide? <i>—</i>	<i>made</i>



Name  
in  
Full

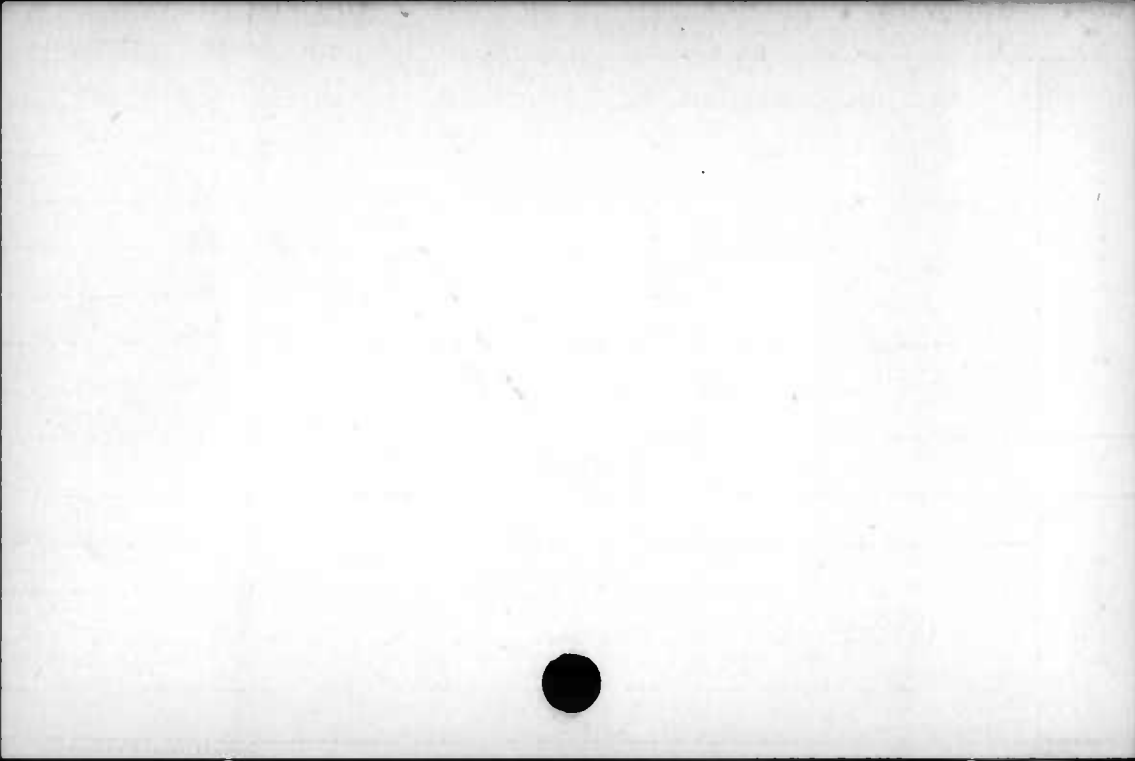
## CERTIFICATE OF DEATH

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Name in Full <i>C. L. Dussang</i>		Town <i>Cumtunda</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Died at <i>Cumtunda</i>		Month <i>May</i>		Day <i>1</i>		Age <i>39</i>	
Date of death <i>1907</i>		Months <i>-</i>		Years <i>-</i>		Days <i>-</i>	
Sex <i>male.</i>		Color or Race <i>White</i>		Birthplace <i>Hagerstown Md</i>			
Occupation <i>U S Ganger</i>		Where Residing if not at place of death <i>Hagerstown Md</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Dont know</i>					
Father's Name <i>Dont know</i>		Father's Birthplace <i>Dont know</i>					
Mother's Maiden Name <i>Dont know</i>		Mother's Birthplace <i>Dont know</i>					
Name of person giving information <i>Louis Stein</i>		How related to deceased <i>none.</i>					

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Bright Disease</i>	How long <i>Dont know</i>
	Immediate <i>Uremia</i>	How long <i>2 hrs</i>
	Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	
	Signature of Physician <i>A. L. Franklin M.D.</i>	
Address <i>Cumtunda Md</i>		
The above is a <i>Stranger</i> here <i>so gave best information</i>		
Accident or Suicide? <i>I could</i>		



Name in Full		CERTIFICATE OF DEATH			
George Engle		Town Claysville		County Allegheny	
Died at		MARYLAND			
Date of death 1907		Month May	Day 4	Age Six	Months 1
Sex Male		Color or Race White		Birth- place Cecilburg Md	
Occupation Butcher		Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Sophia Engle			
Father's Name William Engle		Father's Birthplace Germany			
Mother's Maiden Name Catherine Dudley		Mother's Birthplace Maryland			
Name of person giving In formation Sophia Engle		How related to deceased Wife			
CAUSES OF DEATH					
Primary		Typhoid fever			
Immediate		Cardiac exhaustion			
Are the name, age, sex, color, date and place correctly given above?		How long About 5 weeks			
		How long Short time			
Signature of Physician		J. C. Clober			
Address		Frostburg Md			
Accident or Suicide?		No			

Haar  
German Cur



Name  
in  
Full

Infant Harry Fatiline

## CERTIFICATE OF DEATH

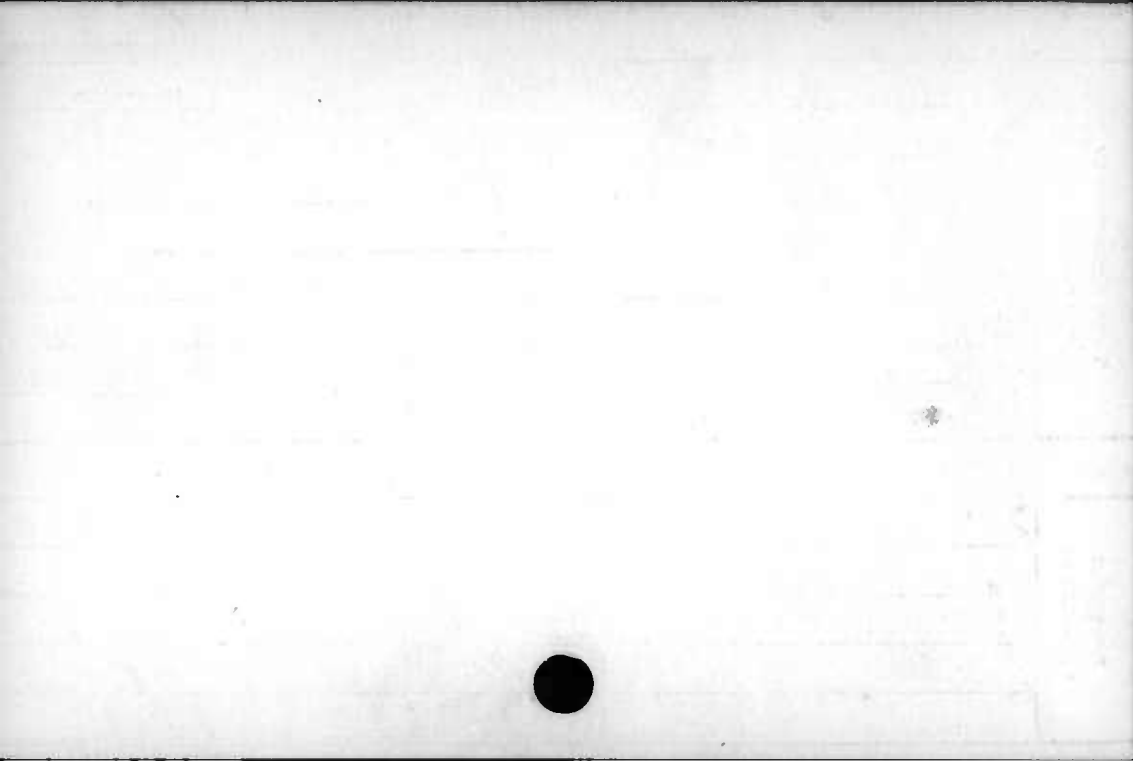
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumtuxee</i>		Town		County <i>Accomack</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>6</i>	Age <i>7</i>	Years <i>7</i>	Months <i>—</i>	Days <i>1</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>			
Occupation <i>child</i>		Where Residing if not at place of death <i>at place of death</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Harry Fatiline</i>		Father's Birthplace <i>Russia</i>					
Mother's Maiden Name <i>Lena M. Robinson</i>		Mother's Birthplace <i>Russia</i>					
Name of person giving Information <i>Harry Fatiline</i>		How related to deceased <i>father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	<i>151</i>	How long <i>1 day</i>
Immediate <i>Exhaustion</i>		How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. J. [illegible]</i>
<i>yes please</i>		Address <i>Cumtuxee Md</i>
Accident or Suicide? <i>—</i>		



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TO BE ANSWERED BY  
NEAREST FRIEND

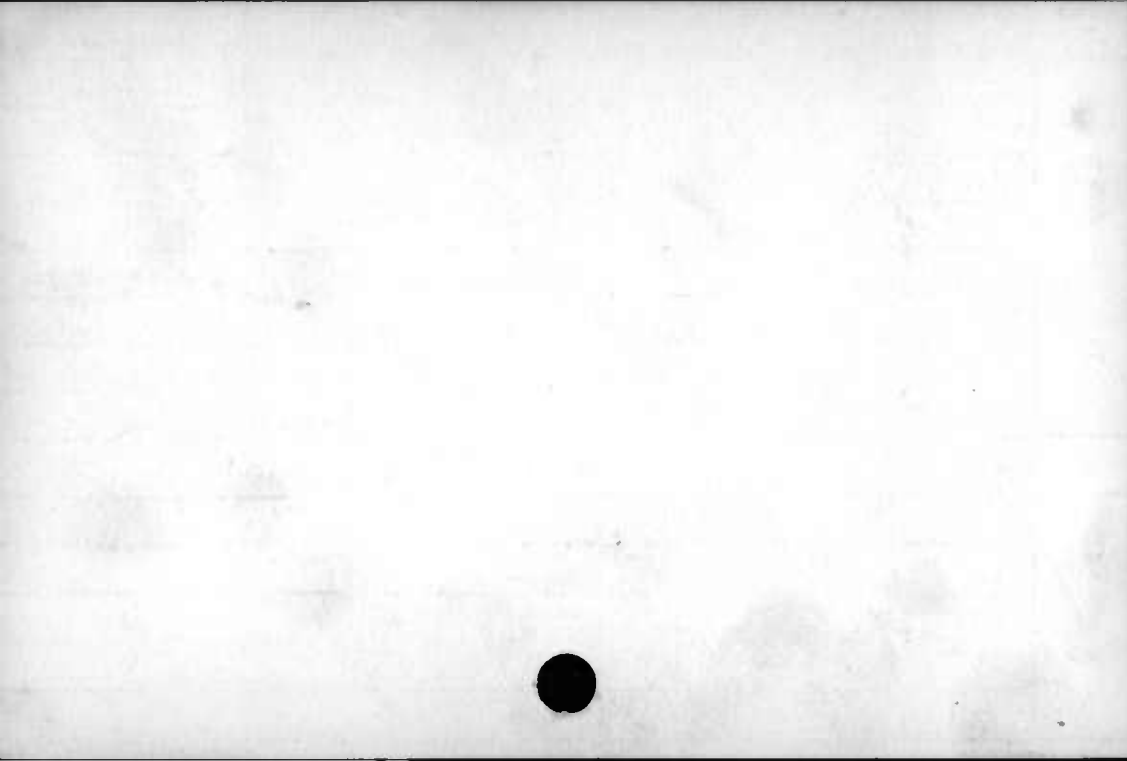
Name <i>Benjamin Sant</i>				Town <i>Cambridge</i>		County <i>Arundel</i>		State <i>MARYLAND</i>	
Died at		Date of death		Month		Day		Age	
		<i>1907</i>		<i>May</i>		<i>2</i>		<i>67</i>	
Sex		Color or Race		Birth-place		Months		Days	
<i>male</i>		<i>colored</i>		<i>M. D. C.</i>					
Occupation				Where Residing if not at place of death					
<i>Labourer</i>									
Married, Single or Widowed				Name of Wife or Husband					
<i>Widower</i>				<i>Margaret Sant</i>					
Father's Name				Father's Birthplace					
<i>Don't Know</i>				<i>Don't Know</i>					
Mother's Maiden Name				Mother's Birthplace					
<i>Don't Know</i>				<i>Don't Know</i>					
Name of person giving information				How related to deceased					
<i>Richard Sant</i>				<i>Son</i>					

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary		How long	
<i>Paralytic Stroke</i>			
Immediate		How long	
<i>"</i>			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>stun</i>		<i>J. H. Maltzborn</i>	
		Address	
		<i>Cambridge</i>	
		<i>Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Abraham Gardner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Ellerslie <sup>County</sup> Allegany **MARYLAND**

Date of death 1907 <sup>Month</sup> May <sup>Day</sup> 6 <sup>Age</sup> 59 <sup>Years</sup> <sup>Months</sup> 20 <sup>Days</sup>

Sex Male <sup>Color or Race</sup> White <sup>Birth-place</sup> Newport Pa.

Occupation Locomotive Engineer <sup>Where Residing if not at place of death</sup>

Married, Single or Widowed Married <sup>Name of Wife or Husband</sup> Minnie Gardner

Father's Name Don't Know <sup>Father's Birthplace</sup> Don't Know

Mother's Maiden Name Christina Hohstadder <sup>Mother's Birthplace</sup> Pa

Name of person giving information Mrs Minnie Gardner <sup>How related to deceased</sup> wife.

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary Heart Disease <sup>How long</sup>

Immediate Heart Failure <sup>How long</sup>

Are the name, age, sex, color, date and place correctly given above? Yes. <sup>Signature of Physician</sup> Dr J. Carl Smith

<sup>Address</sup> Ellerslie Md.

Accident or Suicide?

3 same =

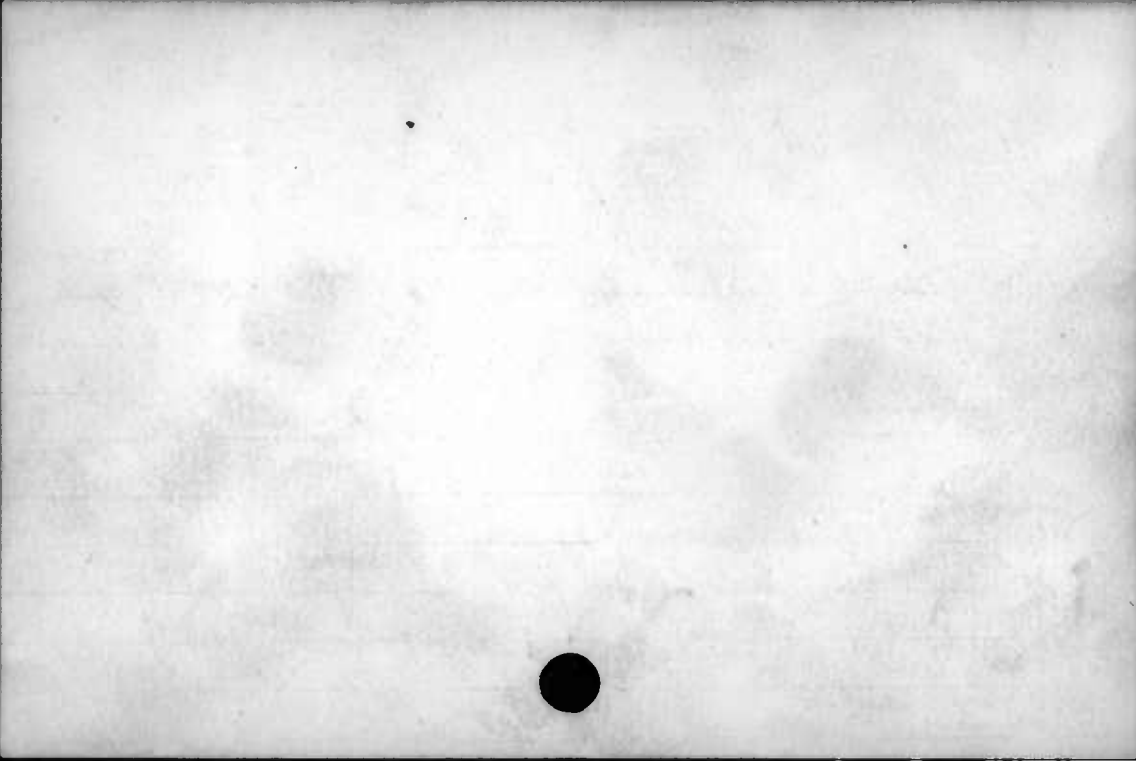
Slipster

Lot -

Plank Top

Gr

Name in Full		Althea Augusta Gerlach				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Frostburg		Allegany		MARYLAND	
	Date of death	1907	May	23	Age 5 Months	Months	Days
	Sex	Female		Color or Race	White	Birth place	Frostburg
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed	Single		Name of Wife or Husband			
PHYSICIAN OR CORONER	Father's Name	Mr. Gerlach			Father's Birthplace	Frostburg	
	Mother's Maiden Name	Rebecca Brodie			Mother's Birthplace	Frostburg	
	Name of person giving information	Mr. Gerlach			How related to deceased	Father	
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Neglect				How long	✓
	Immediate	Acute Gastritis				How long	5 hours
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	J. L. Conroy
						Address	Frostburg Md.
	Accident or Suicide?						





Name  
in  
Full

George Waldo Giffen

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Sonscoming</u> Town		County <u>Allegheny</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>May</u>	Day <u>10</u>	Age <u>43</u>	Years	Months <u>1</u> Days <u>18</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Sidling Hill near Hancock Maryland</u>		
Occupation <u>Book Keeper</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Sarah Scott</u>				
Father's Name <u>James Giffen</u>	Father's Birthplace <u>Sidling Hill</u>				
Mother's Maiden Name <u>unknown Melott</u>	Mother's Birthplace <u>unknown</u>				
Name of person giving information <u>Mrs Sarah Giffen</u>		How related to deceased <u>Wife</u>			

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <u>Interstitia Nephritis</u>	How long <u>6 months</u>
Immediate <u>Cerebral Hemorrhage</u>	How long <u>two minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>James C. Bullock M.D.</u>
	Address <u>Sonscoming Maryland</u>
Accident or Suicide? <u>no</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

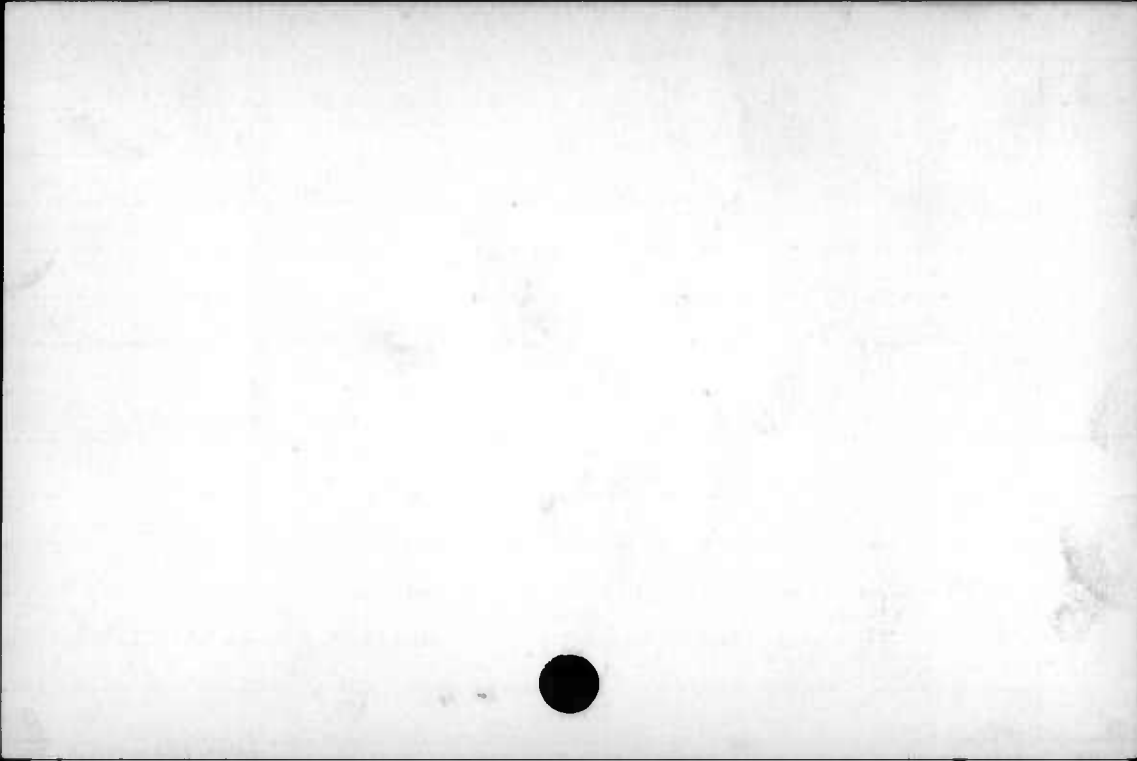
Died at <u>Cumtland</u> <u>Accary</u> County		TOWN		COUNTY	
Date of death 1907		Month 5	Day 24	Age 69	Years Months Days
Sex Male	Color or Race White	Birth place <u>Baltimore</u>			
Occupation <u>Local</u>	Where Residing if not at place of death <u>Grafton</u>				
Married, Single or Widowed	Name of Wife or Husband <u>Margaret Giles</u>				
Father's Name <u>Guy Giles</u>	Father's Birthplace <u>Baltimore</u>				
Mother's Maiden Name <u>Rebecca Prans</u>	Mother's Birthplace <u>" " "</u>				
Name of person giving information <u>H. H. Madera</u>	How related to deceased <u>Uncle</u>				

## CAUSES OF DEATH

(64)

PHYSICIAN  
OR CORONER

Primary <u>Cerebral Congestion</u>	How long <u>1/2 hour</u>
Immediate <u>Coma</u>	How long <u>1/2 hour</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>G. H. Madera</u>
<u>G. H. B.</u>	Address <u>Cumtland</u>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

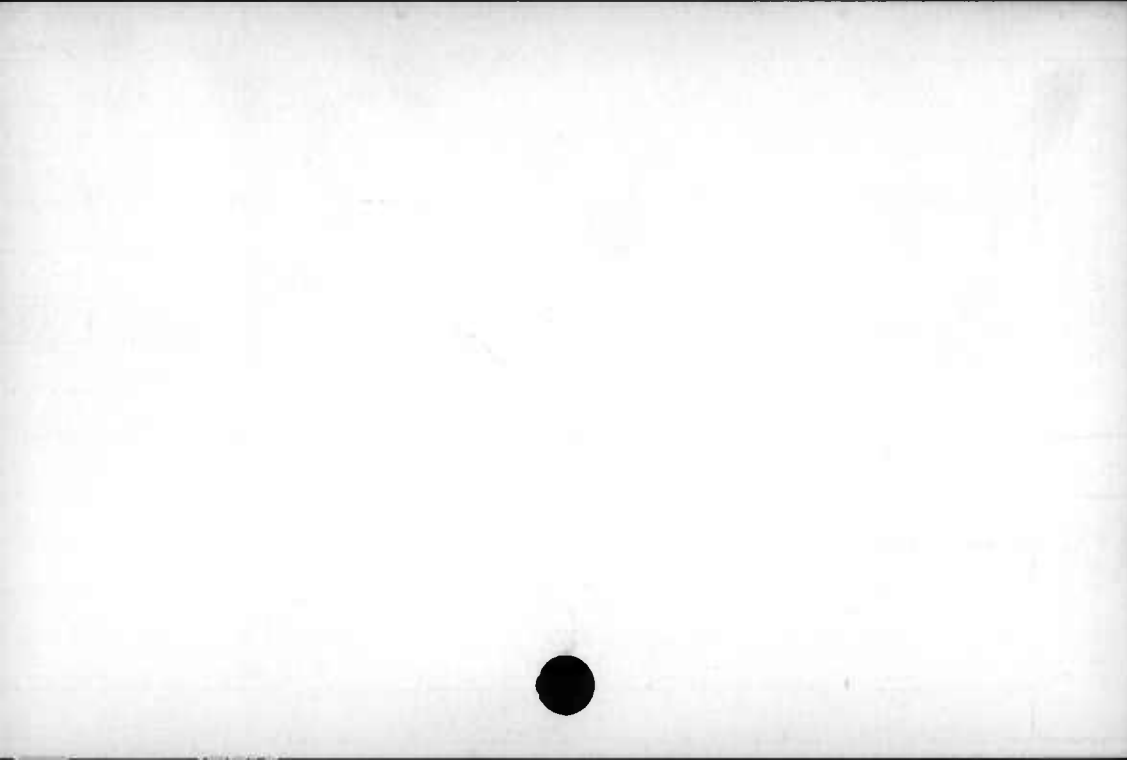
Name in Full <i>James Green</i>		Town <i>Somacoring</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Somacoring</i>		Month <i>May</i>		Day <i>1</i>		Age <i>16</i>	
Date of death <i>1907</i>		Month <i>May</i>		Day <i>1</i>		Age <i>16</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Somacoring</i>			
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>Charles E. Green</i>		Father's Birthplace <i>Garrett Co. Md.</i>					
Mother's Maiden Name <i>Mary Dawson</i>		Mother's Birthplace <i>Westbury Md.</i>					
Name of person giving information <i>Charles E. Green</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

152

PHYSICIAN  
OR CORONER

Primary <i>Asphyxiated - died suddenly 4 o'clock A.M.</i>		How long <i></i>	
Immediate <i>Smothered in bed - Accident.</i>		How long <i></i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>James O. Bullock M.D.</i>	
Address <i>Somacoring Md.</i>		Address <i></i>	
Accident <i>Accident.</i>		Accident <i>no</i>	



Full

Martha Hacker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <u>Sinacoring</u> Town		<u>Allegheny</u> County			
Date of death <u>1907</u>	Month <u>May</u>	Day <u>21</u>	Age <u>52</u>	Months <u>1</u>	Days <u>4</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Rawlings Station Md</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Married</u>	Name of <del>Wife</del> Husband <u>Henry Hacker</u>				
Father's Name <u>William McKenzie</u>	Father's Birthplace <u>Cresaptown Md</u>				
Mother's Maiden Name <u>Margaret McKenzie</u>	Mother's Birthplace <u>Cresaptown Md</u>				
Name of person giving information <u>Henry Hacker</u>	How related to deceased <u>Husband</u>				

Burn was caused by heat.

CAUSES OF DEATH

Primary

Burned

How long

5 days

Immediate

Exhaustion

How long

5 daysAre the name, age, sex, color, date and place correctly given above? Yes

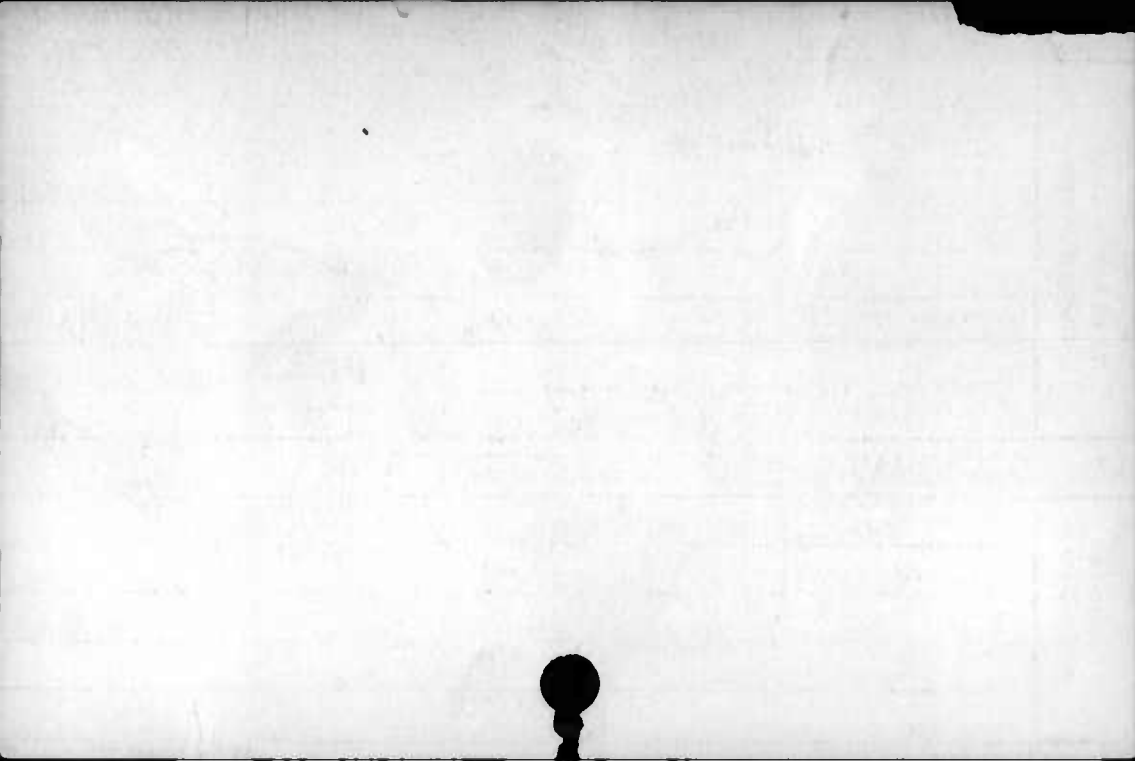
Signature of Physician

Address

James O. Bullock  
Sinacoring Md

Accident or Suicide?

Accident





Name  
in  
Full

## CERTIFICATE OF DEATH

Charles H. Hamill

Town

County

MARYLAND

Died at

Frostburg

Allegheny

Date

of death 190

Month

Day

Year

Months

Days

May

7

Age

44

1 week

3

Sex

Male

Color or  
Race

White

Birth-  
place

Frostburg

Occupation

Restaurant keeper

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Laura Hamill

Father's  
Name

Lewis W. Hamill

Father's  
Birthplace

Baltimore Co. Md.

Mother's  
Maiden Name

Laura Clay

Mother's  
Birthplace

Frostburg

Name of person giving  
In formation

Lulu R. Myers

How related  
to deceased

Niece

## CAUSES OF DEATH

120

Primary

Interstitial Nephritis

How long

6 years

Immediate

Uremic intoxication

How long

2 weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. C. Coker  
Frostburg

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Susan Ann Hanna

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

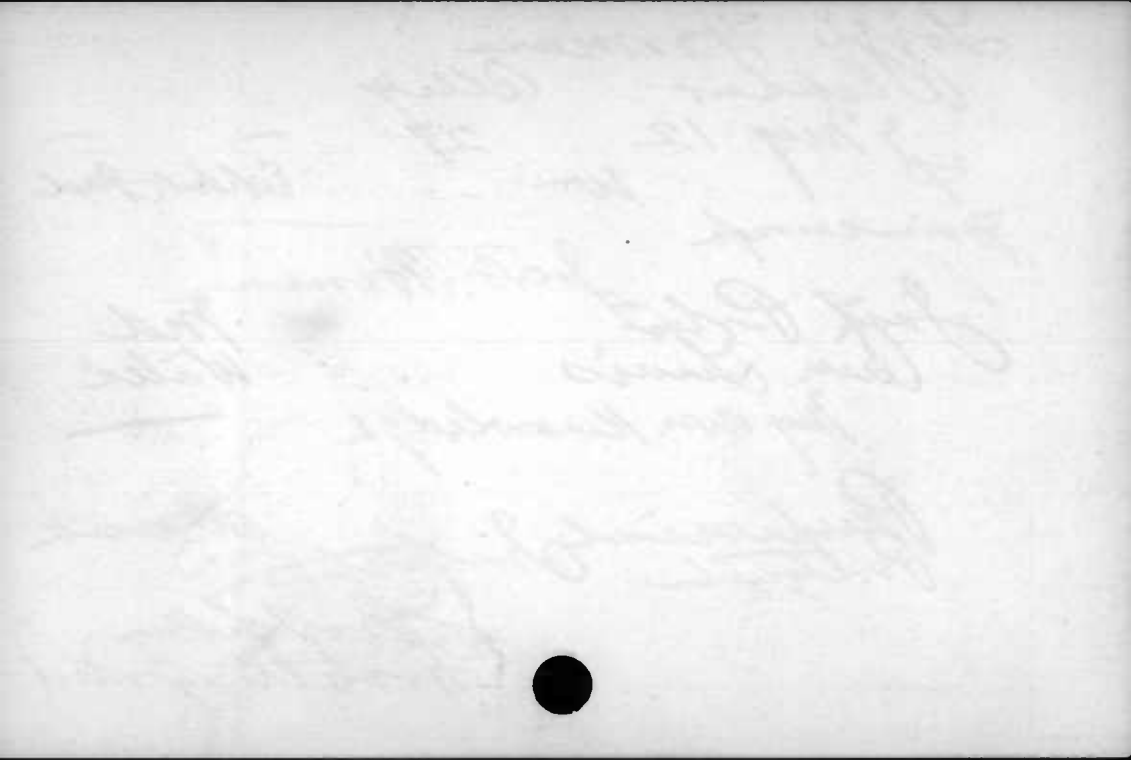
Died at		Town		County		State	
Allegany		Allegany		Allegany		MARYLAND	
Date of death	1907	Month	5	Day	6	Age	Years 1 Months 6 Days 0
Sex	47	Color or Race	W.	Birth-place	Md.		
Occupation	Chieft			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband Chieft			
Father's Name	Tally C. Hanna				Father's Birthplace Md.		
Mother's Maiden Name	Stella May Knapp.				Mother's Birthplace Md.		
Name of person giving information	Stella May Knapp.				How related to deceased Mother		

CAUSES OF DEATH

(92)

PHYSICIAN  
OR CORONER

Primary	Broncho-Pneumonia		How long	10 Days.
Immediate				
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Dr. W. M. Lane
			Address	Frostburg Md.
Accident or Suicide?				



Name  
in  
Full

CERTIFICATE OF DEATH

Lizzie Herman  
Eckhart Alley

MARYLAND

Died at <sup>Town</sup> Eckhart <sup>County</sup> Allegany  
Date of death: 1907 May 12 Age 27 Months — Days —

Sex F Color or Race W Birth-place Eckhart Ind

Occupation Housewife Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Jacob Herman

Father's Name Josh Porter Father's Birth-place Ind

Mother's Maiden Name Ann Linnis Mother's Birth-place Walter

Name of person giving information My own knowledge How related to deceased —

CAUSES OF DEATH

137

Primary Peptic ulcer infection How long One week

Immediate Protonitis

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician J. Griffith Address Hroslting Ind

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

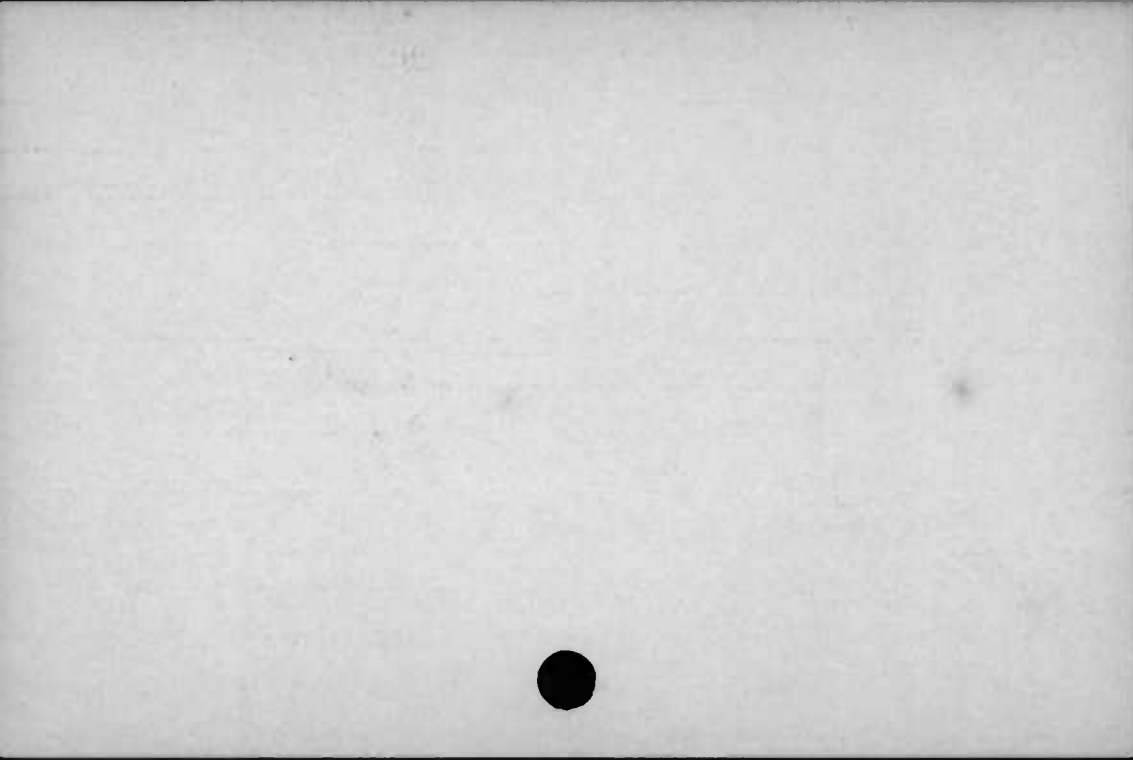
Died at <i>Cumberland</i> <sup>Town</sup>		<i>Hinkle</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>May</i>	Day	<i>14</i>
Age		<i>6</i>	Years	Months	<i>15</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		<i>Single</i>			
Name of Wife or Husband					
Father's Name			<i>Charles Hinkle</i>		
Father's Birthplace			<i>Maryland</i>		
Mother's Maiden Name			<i>Minnie Jones</i>		
Mother's Birthplace			<i>Maryland</i>		
Name of person giving information			<i>Minnie Hinkle</i>		
How related to deceased			<i>Mother</i>		

CAUSES OF DEATH

*8*

PHYSICIAN  
OR CORONER

Primary	<i>Still born</i>	How long	<i>Unknown</i>
Immediate	<i>Unknown</i>	How long	<i>Unknown</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>W. R. Hodges</i>	
Address		<i>Cumberland, Md.</i>	
Accident or Suicide?			





Name  
in  
Full

Ella Jackson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Cumberland		County Alleghany		MARYLAND	
Date of death		Month May	Day 21	Age 3	Years 3	Months —	Days —
Sex Female		Color or Race Colored		Birth- place Cumberland			
Occupation Child				Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Harry Jackson		Father's Birthplace Md					
Mother's Maiden Name Lena Leves		Mother's Birthplace Md					
Name of person giving In formation Harry Jackson		How related to deceased Father					

## CAUSES OF DEATH

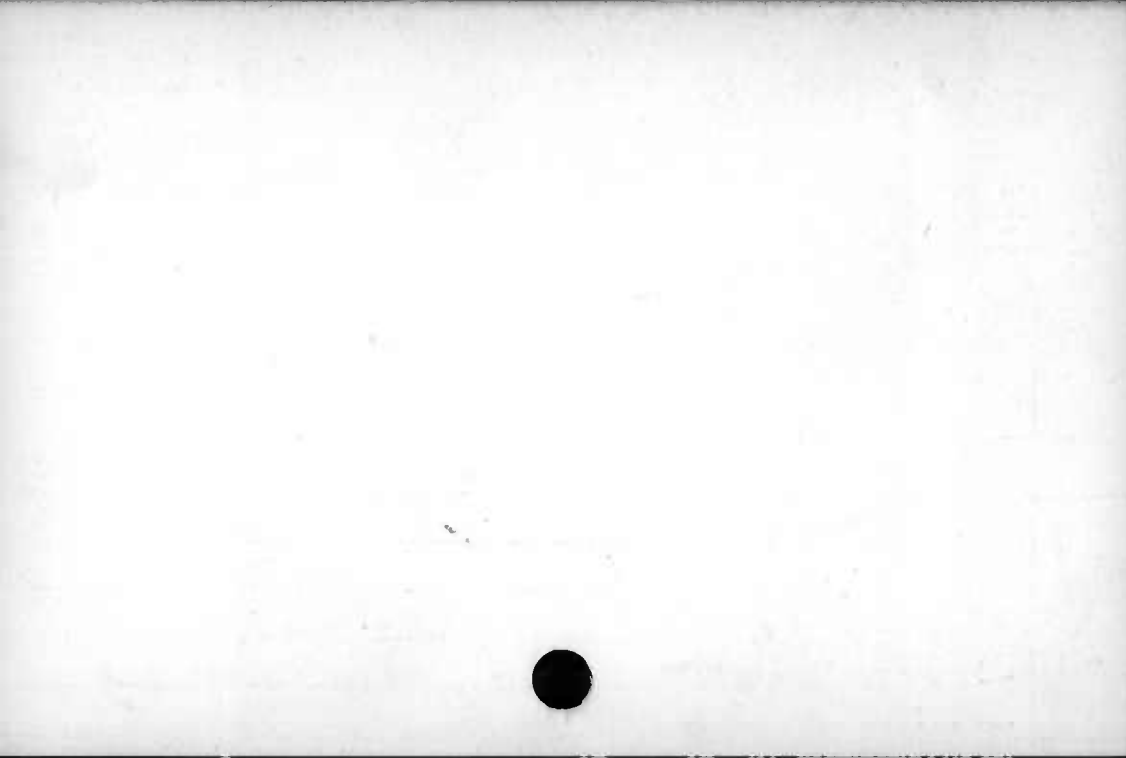
(9)

Primary (Diphtheria) Acute Nephritis	How long 3 weeks
Immediate uraemia	How long one day

PHYSICIAN  
OR CORONERAre the name, age, sex, color, date  
and place correctly given above? yesSignature of  
Physician

Address

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Jacob Lashley*

Died at *Flintstone* <sup>Town</sup> *Allegany* <sup>County</sup>

Date of death *1907* <sup>Month</sup> *May* <sup>Day</sup> *7* <sup>Years</sup> *84* <sup>Months</sup> *—* <sup>Days</sup> *—*

Sex *male* Color or Race *white* Birth-place *Flintstone*

Occupation *Groceryman* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Louisa Ellen*

Father's Name *Dont Know* Father's Birthplace *Dont Know*

Mother's Maiden Name *"* Mother's Birthplace *" "*

Name of person giving information *Thos. B. Lashley* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *old age* *(154)* How long

Immediate How long

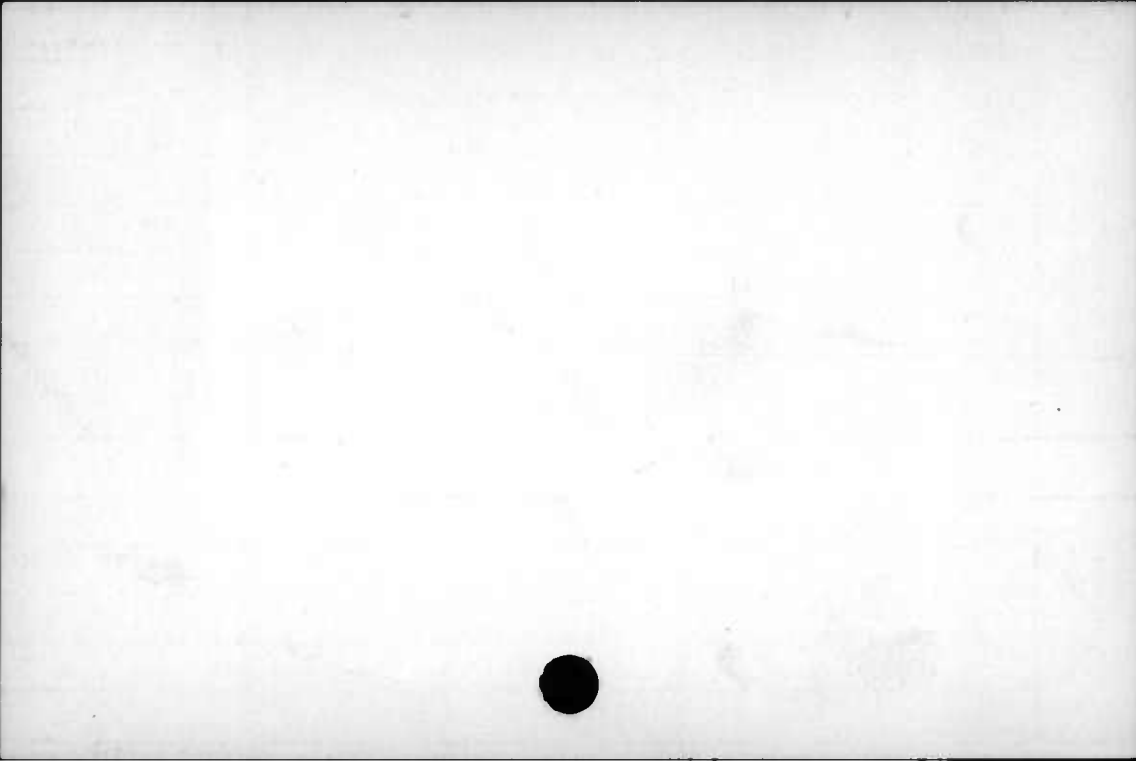
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

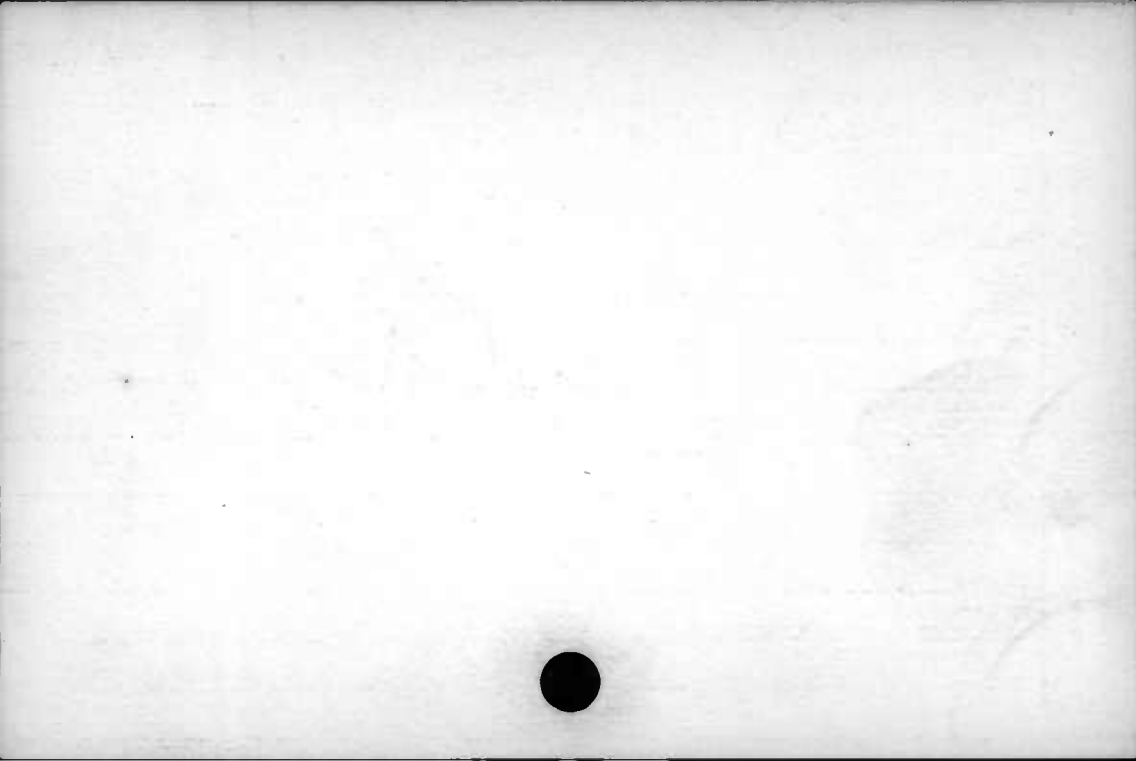
Address

Accident or Suicide?

(CHB)



Name in Full		Town				County		CERTIFICATE OF DEATH			
Thomas B. Le Buyer.		Frostburg		Allegany				MARYLAND			
Died at		Date of death		Month		Day		Age		Years	
		1907		May		31		One		Months	
										Days	
Sex		Male		Color or Race		White		Birth-place		Washington D.C.	
Occupation				Where Residing if not at place of death						Washington D.C.	
Married, Single or Widowed				Name of Wife or Husband							
Father's Name		Thos B Le Buyer		Father's Birthplace		Baltimore Md					
Mother's Maiden Name		Rose Le Buyer		Mother's Birthplace		Washington D.C.					
Name of person giving information		A J R Schopfield		How related to deceased		Uncle					
CAUSES OF DEATH											
Primary		Acute meningitis				How long		24 hours			
Immediate						How long					
Are the name, age, sex, color, date and place correctly given above?		yes				Signature of Physician		John A. Warren M.D.			
						Address		Frostburg Md			
Accident or Suicide?											



Name  
in  
Full

Samuel A. Lewis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

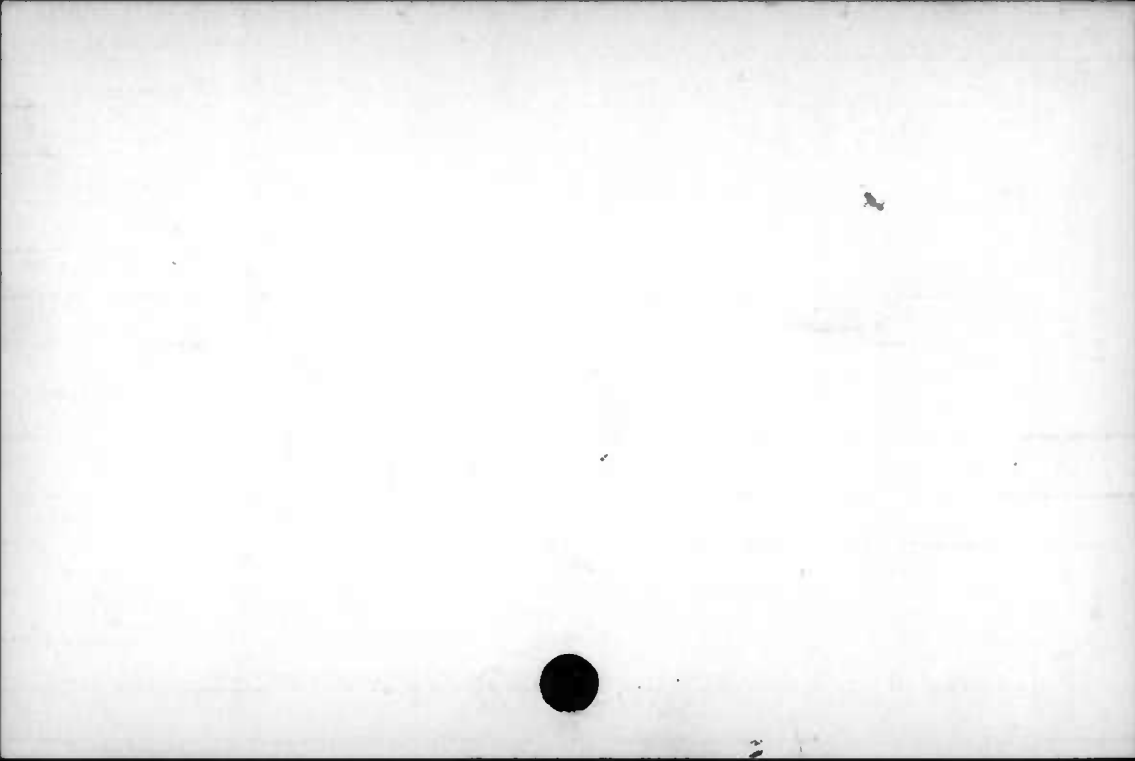
Died at		Town <i>Cumberland</i>		County <i>Alleghany</i>		MARYLAND	
Date of death	1907	Month	May	Day	4	Age	27 -
						Months	7
						Days	—
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Paw Paw W. Va.</i>
Occupation	<i>Laborer</i>		Where Residing if not at place of death		<i>Green Lt.</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Mollie Lewis</i>			
Father's Name	<i>Asie Lewis</i>					Father's Birthplace	<i>W. Va.</i>
Mother's Maiden Name	<i>Elizabeth Moreland</i>					Mother's Birthplace	<i>W. Va.</i>
Name of person giving information	<i>Josiah F. Lewis</i>					How related to deceased	<i>Brother</i>

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary	<i>accidental of a wall falling on him</i>		How long	
Immediate	<i>Immediate</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
		<i>J. H. Maetz Korner</i>		
		<i>Cumberland Md</i>		
Accident or Suicide?				





Name  
in  
Full

CERTIFICATE OF DEATH

Isaac Love, Sr

TO BE ANSWERED BY  
NEAREST FRIEND

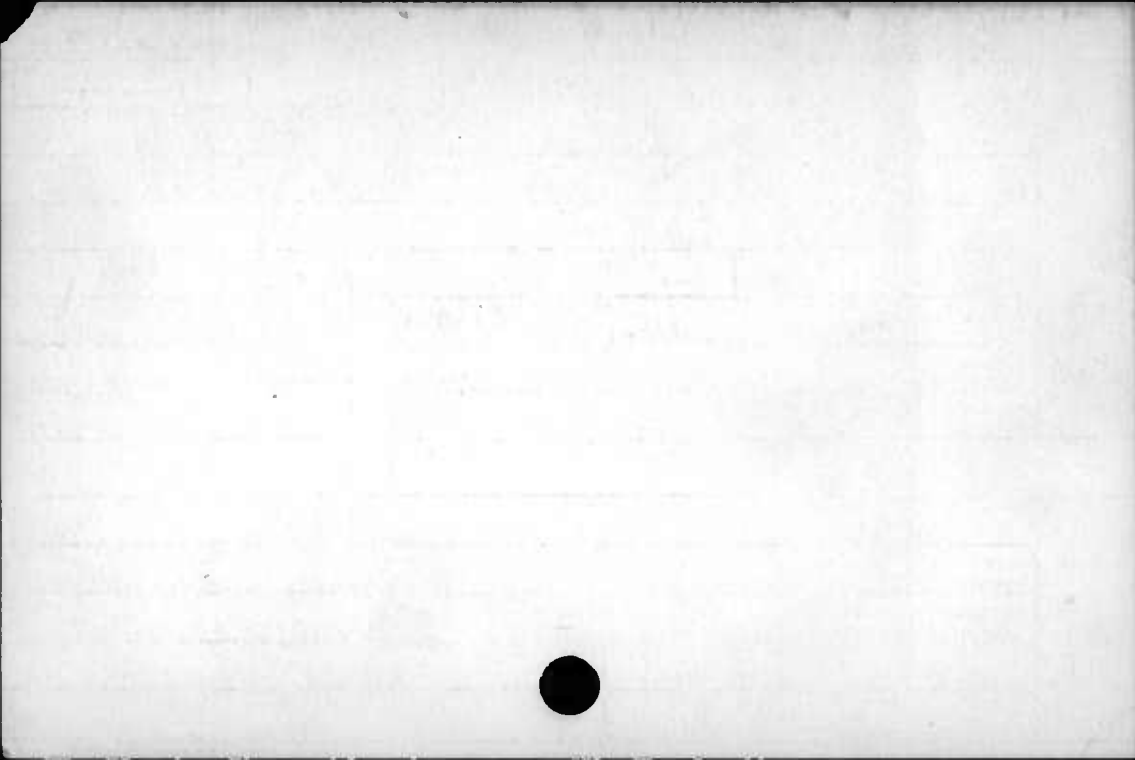
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		May	28	48	48		
Sex	Male	Color or Race	White	Birth-place	Scotland		
Occupation	Merchant		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife - Mary Larin				
Father's Name	Isaac Love, Sr		Father's Birthplace Scotland				
Mother's Maiden Name	Margaret Haysbelle		Mother's Birthplace Scotland				
Name of person giving information	Robert Love		How related to deceased Brother				

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Chronic Interstitial Nephritis	How long	About two years
Immediate	Cerebral Compressions	How long	48 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		C. G. Skilling M.D.	
Address		Lexaemington	
Accident or Suicide?		no	



Name  
in  
Full

CERTIFICATE OF DEATH

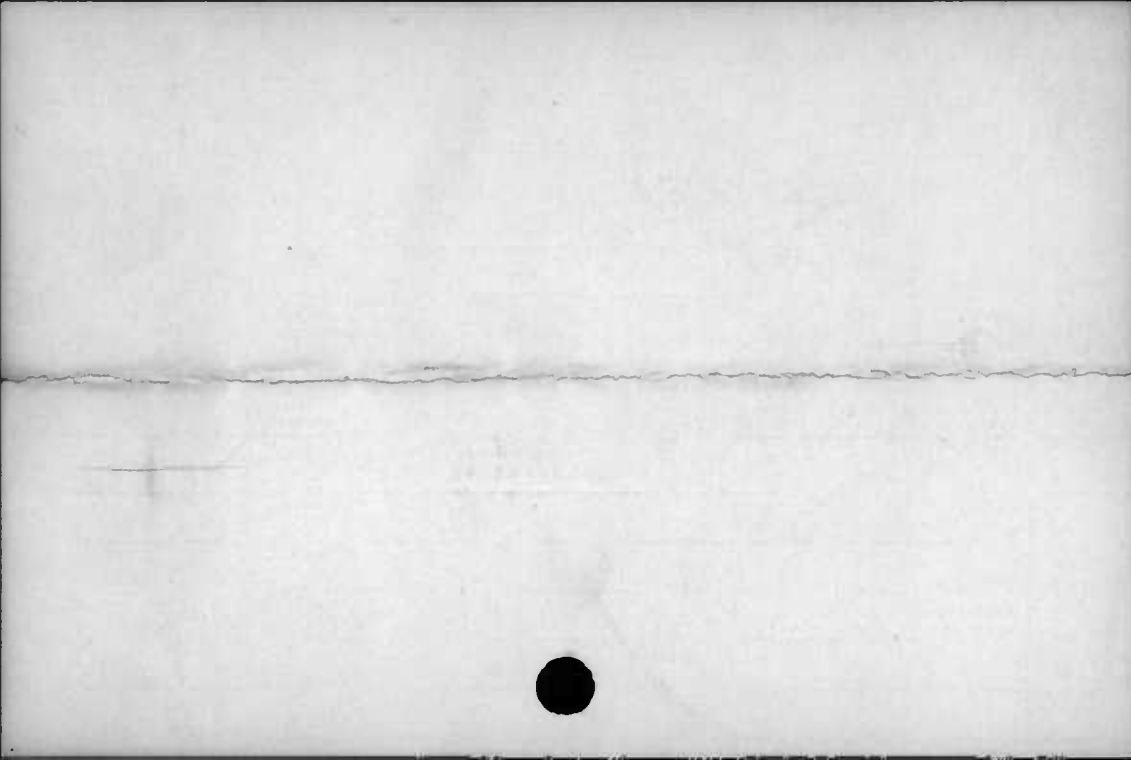
TO BE ANSWERED BY  
NEAREST FRIEND

Name *Barbara Lutz*  
Died at *Frostburg* <sup>Town</sup> *Allegheny* <sup>County</sup> *MARYLAND*  
Date of death *1907* <sup>Month</sup> *May* <sup>Day</sup> *27* <sup>Years</sup> *75* <sup>Months</sup> *3* <sup>Days</sup> *16*  
Sex *Female* Color or Race *White* Birth-place *Germany*  
Occupation *Housewife* Where Reading if not at place of death  
Married, Single or Widowed *Widow* Name of Wife or Husband *Fredrick Lutz*  
Father's Name *Jos. Gump* Father's Birthplace *Germany*  
Mother's Maiden Name *Unknown* Mother's Birthplace *Germany*  
Name of person giving information *J. B. Lutz* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Senile debility* <sup>failure</sup> *How long* *Instantaneous*  
Immediate *Bronchitis & Cardiac* <sup>failure</sup> *How long* *1 month*  
Are the name, age, sex, color, date and place correctly given above? *Yes*  
Signature of Physician *J. C. Cohen*  
Address *Frostburg*  
Accident or Suicide? *No*



Name  
in  
Full

Francis M. Donough

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

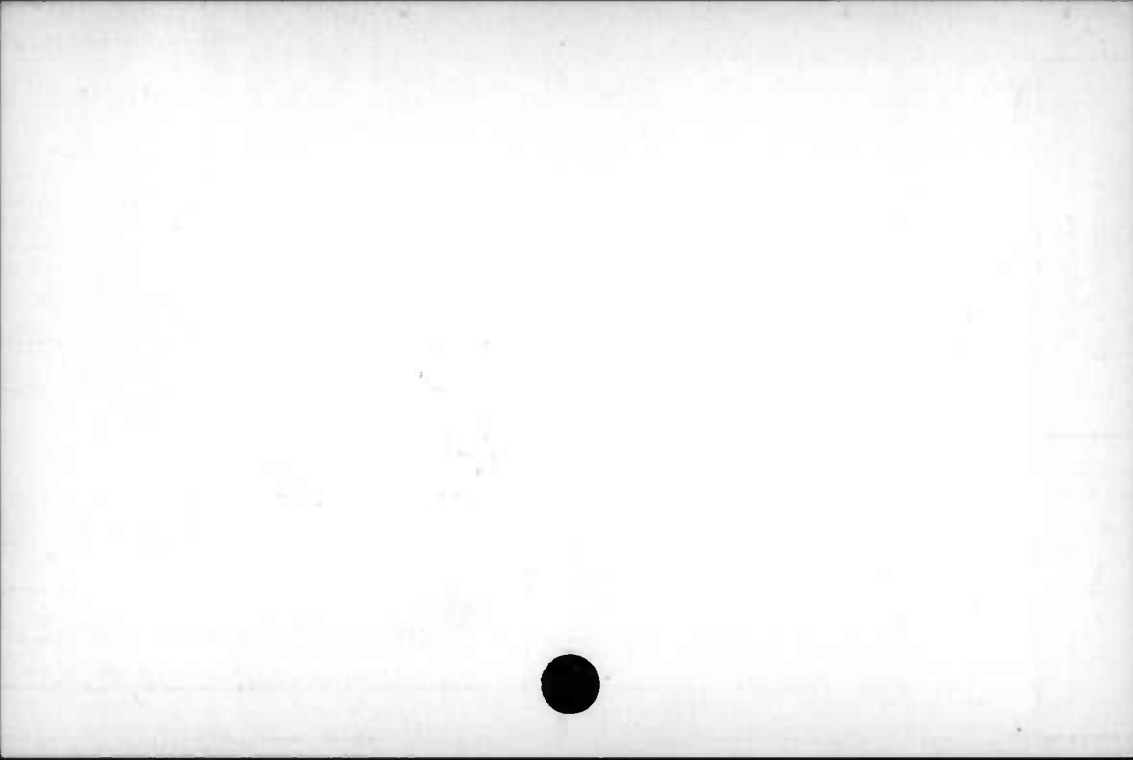
Died at <i>Lonscoming</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>9</i>	Age <i>—</i>	Years <i>—</i>	Months <i>4</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Lonscoming</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>William M. Donough</i>		Father's Birth-place <i>Lonscoming</i>			
Mother's Maiden Name <i>Francis Farrell</i>		Mother's Birth-place <i>Mt. Savage</i>			
Name of person giving information <i>Mrs M. Donough</i>		How related to deceased <i>mother</i>			

CAUSES OF DEATH

178

PHYSICIAN  
OR CORONER

Primary	<i>Brain Sudden</i>	How long	<i>21. at. sh</i>
Immediate	<i>Probably asphyxiation</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>James C. Bullard M.D.</i>	
		Address <i>Lonscoming Md</i>	
Accident or Suicide? <i>no</i>			



PHYSICIAN  
OR CORONER

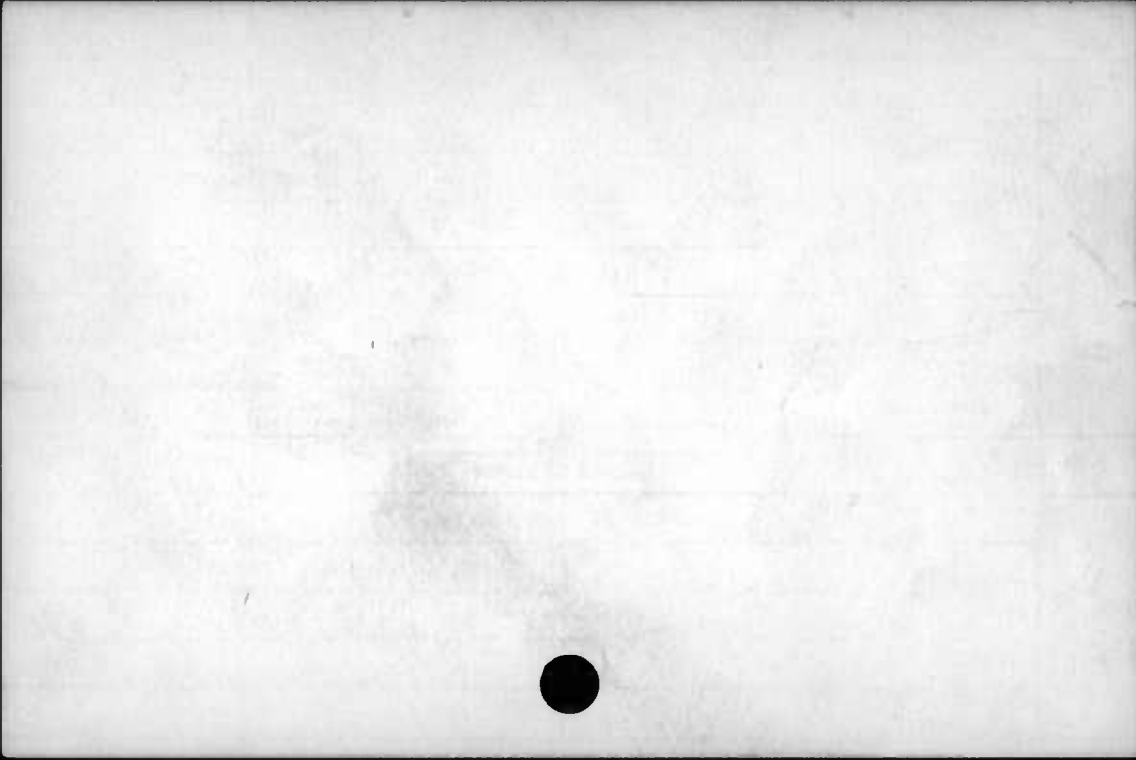
Oliver Evans Inc 8440

# CERTIFICATE OF DEATH

Died at <i>Cum gratia</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>10</i>	Age <i>7</i>	Months <i>11</i>	Days <i>28</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Merby Branch</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Ervin McEllis</i>		Father's Birthplace <i>Merby Branch</i>			
Mother's Maiden Name <i>Bertha Hinkle</i>		Mother's Birthplace <i>Allegheny</i>			
Name of person giving information		How related to deceased			

### CAUSES OF DEATH

Primary	Measles	How long	10 days
Immediate	Acute meningitis	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. J. [illegible]
		Address	Amherst, Md.
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

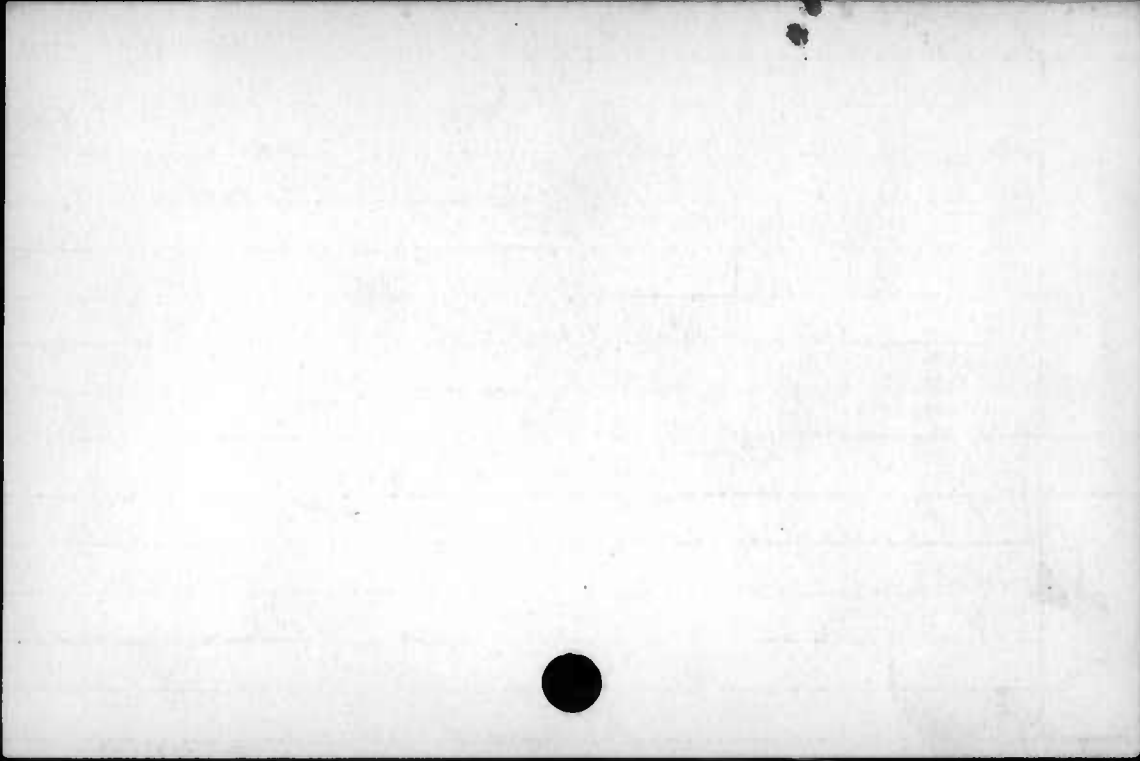
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Baltimore</i>		Town <i>Baltimore</i>		County <i>Chesapeake</i>		State <i>MARYLAND</i>	
Date of death	190	Month	5	Day	21	Age	69
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Fredricks</i>
Occupation	<i>Song</i>		Where Residing if not at place of death		<i>—</i>		
<del>Married</del> <i>Single</i>	Name of Wife or Husband		<i>None</i>				
Father's Name	<i>Unknown</i>					Father's Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>" " "</i>					Mother's Birthplace	<i>" " "</i>
Name of person giving information	<i>Dr Brodrup</i>					How related to deceased	<i>164</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Fractured thigh R.R. accident.</i>	How long	<i>3 weeks</i>
Immediate	<i>Hypostatic congestion lungs</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above <i>(Yes?)</i>		Signature of Physician	<i>A.H. Hawkins</i>
<i>95B</i>		Address	<i>Cumtland Md.</i>
Accident or Suicide? <i>—</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cammd.</i>		Town <i>Cammd.</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>20</i>	Age <i>-</i>	Years <i>-</i>	Months <i>+</i>	Days <i>one</i>	
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Cammd.</i>				
Occupation <i>-</i>			Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Harry Mc Gray</i>				Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Bessie Mc Bay</i>				Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>Harry Mc Gray.</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Premature Birth</i>	How long <i>1 hour</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Mrs. Catherine Mannel.</i>
	Address <i>J. H. Mack, Coroner</i>
Accident or Suicide?	

Promatene Bioti

Mansell.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

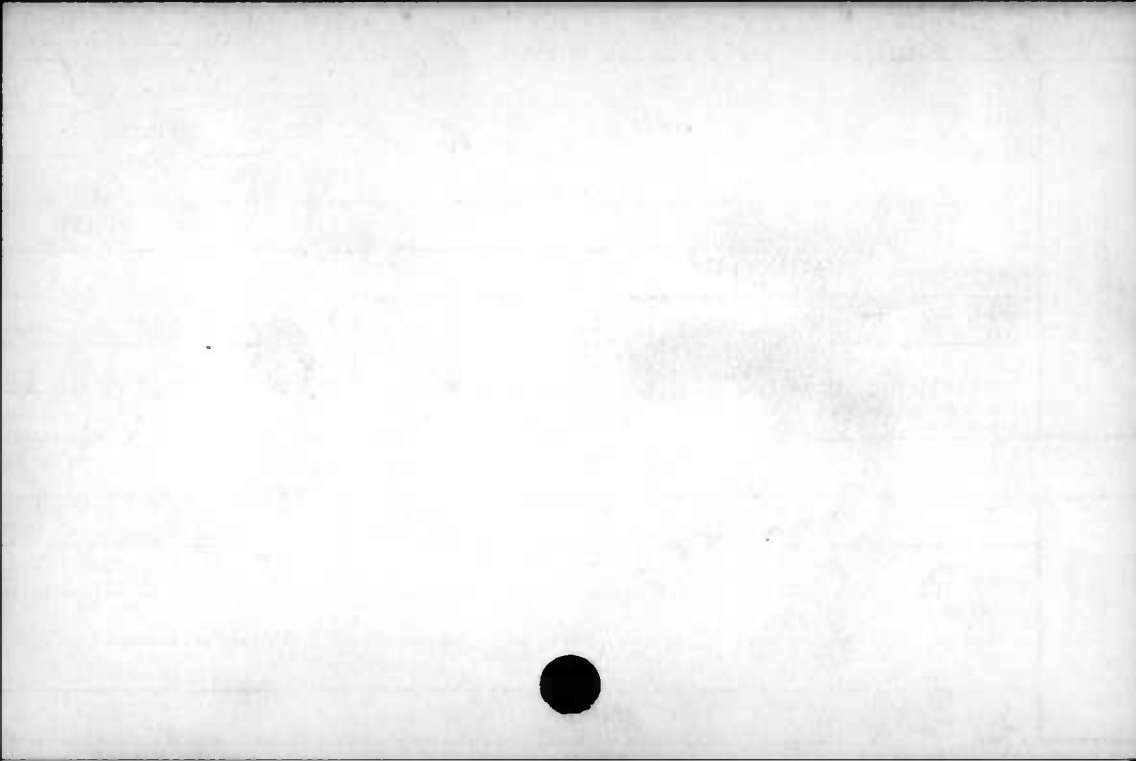
Name in Full <b>Addison Miller</b>		Town <b>Cumms</b>		County <b>Alle</b>		State <b>MARYLAND</b>	
Died at <b>Cumms</b>		Month <b>May</b>		Day <b>3</b>		Age <b>56</b>	
Date of death <b>1907</b>		Months <b>-</b>		Years <b>-</b>		Days <b>-</b>	
Sex <b>Male</b>		Color or Race <b>Colored</b>		Birth-place <b>Virginia</b>			
Occupation <b>Janitor</b>		Where Residing if not at place of death <b>at place of death</b>					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Dilla Miller</b>					
Father's Name <b>Dont Know</b>		Father's Birthplace <b>Dont Know</b>					
Mother's Maiden Name <b>Dont Know</b>		Mother's Birthplace <b>" "</b>					
Name of person giving information <b>Joseph Miller</b>		How related to deceased <b>Son</b>					

## CAUSES OF DEATH

(93)

PHYSICIAN  
OR CORONER

Primary <b>Chronic Bright's disease</b>		How long <b>1 year</b>	
Immediate <b>Pneumonia</b>		How long <b>ten days</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Spurgeon Shands, M.D.</b>	
Address <b>63 N. Mechanics St</b>		City <b>Cumms, Landrum</b>	
Accident or Suicide?			



Name  
in  
Full

Mary Mitchell

## CERTIFICATE OF DEATH

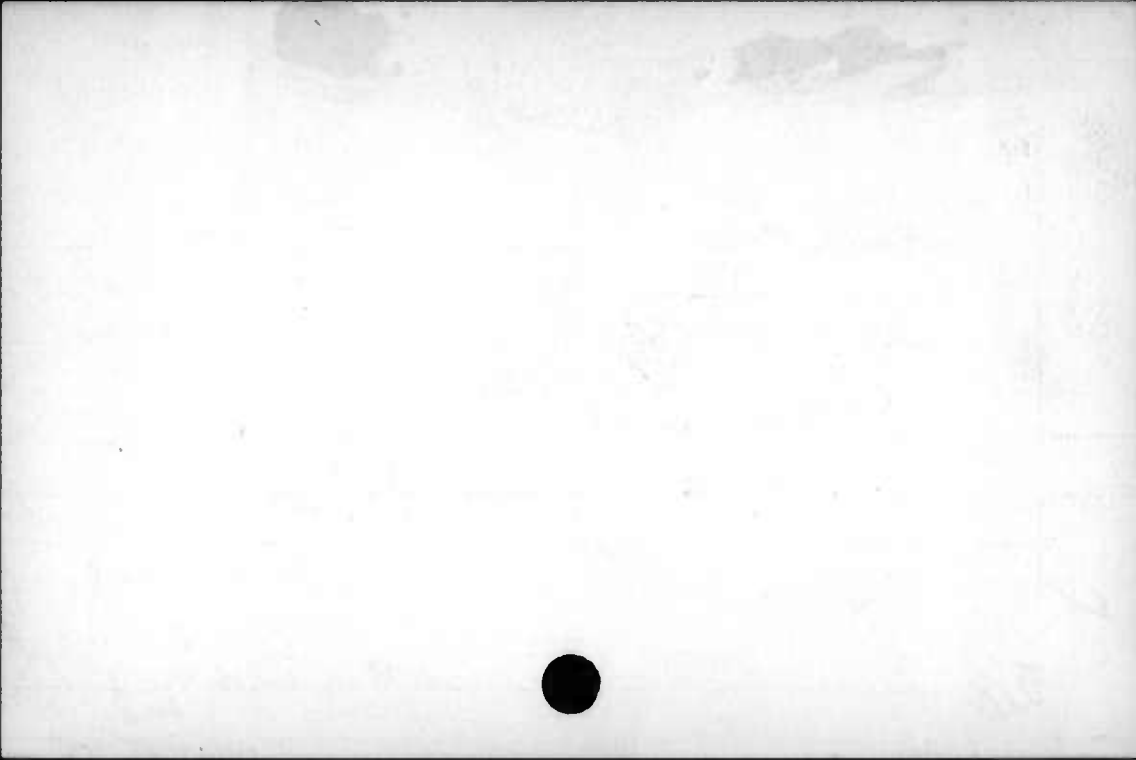
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		May	29.	63.	4.	3	
Sex	Female	Color or Race	White		Birth-place	Scotland	
Occupation	Housewife			Where Residing if not at place of death		X X X	
Married, Single or Widowed	Single			Name of Wife or Husband		Frank Mitchell	
Father's Name	John Stewart			Father's Birthplace		Scotland	
Mother's Maiden Name	Mary Reed			Mother's Birthplace		Scotland.	
Name of person giving information	Mrs. Mitchell			How related to deceased		Husband	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Death sudden, without warning		How long	179
Immediate	Probably from fatty heart.		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	
			Address	
			Wheat Mining Net.	
Accident or Suicide?				





Name  
in  
Full

John Norris

CERTIFICATE OF DEATH

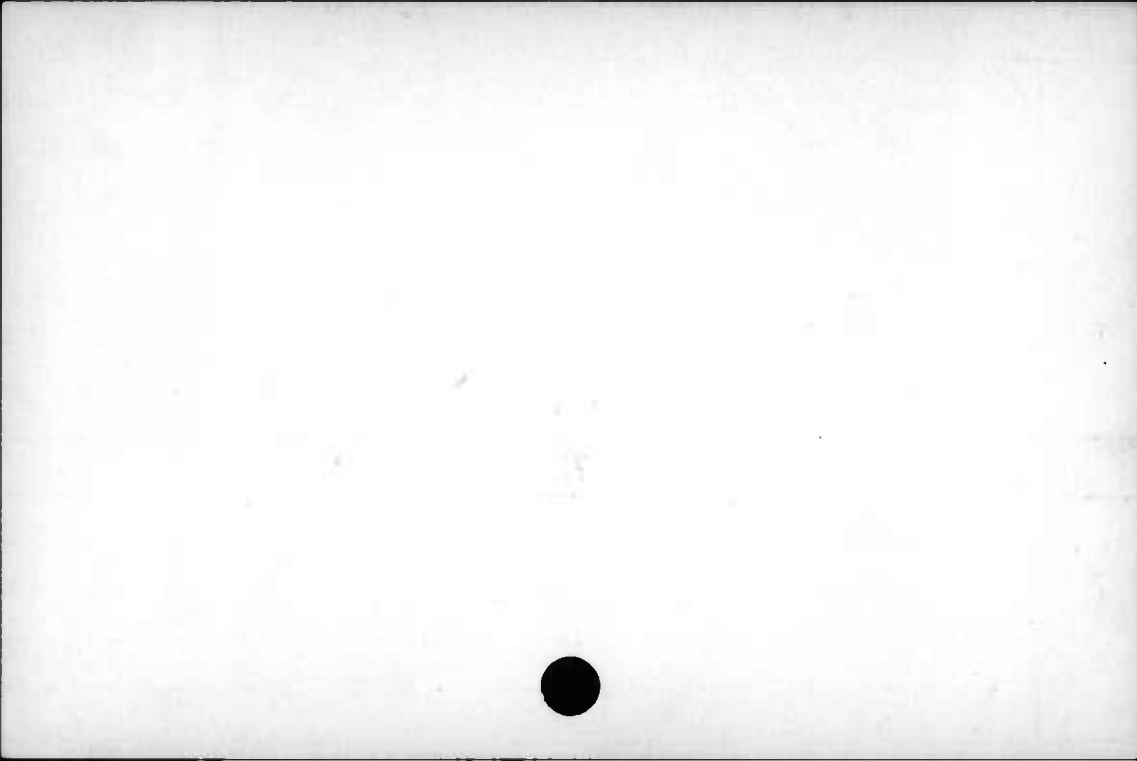
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumtland</u> <small>Town</small>		<u>Cleary</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	<u>5</u> <small>Month</small>	<u>24</u> <small>Day</small>	<u>164</u> <small>Years</small>	<u>      </u> <small>Months</small>	<u>      </u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Not known</u>			
Occupation <u>Rail Road</u>	Where Residing if not at place of death <u>      </u>				
Married, <del>Single</del> or <u>Widowed</u>	Name of Wife or Husband <u>not known</u>				
Father's Name <u>not known</u>	Father's Birthplace <u>not known</u>		Mother's Birthplace <u>      </u>		
Mother's Maiden Name <u>"</u>	<u>"</u>		<u>"</u>		
Name of person giving information <u>G.S. Butler</u>	How related to deceased <u>None</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>166</u>	How long
Immediate <u>Rail Road accident</u>		How long <u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J.H. Maiz</u>	Address <u>Cumtland</u>
<u>G.S.B.</u>	Accident or Suicide?	



Name  
in  
Full

William Denton Morris

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Cumberland		County Alleghany		MARYLAND	
Date of death		1907	Month May	Day 2nd	Age 32	Years 6	Months 3
Sex male		Color or Race white		Birth- place Md.			
Occupation R.R. Conductor				Where Residing if not at place of death			
Married, Single or Widowed		married		Name of Wife or Husband Mrs Clara Thayer			
Father's Name		Joseph W. Morris				Father's Birthplace Md	
Mother's Maiden Name		Maria J. Mann				Mother's Birthplace Pa	
Name of person giving in formation		Mrs Clara Morris				How related to deceased Wife	

## CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

Primary	Tuberculosis	How long	2 yrs.
Immediate	Exhaustion	How long	3 wks
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		P. L. Owens M.D.	
Address		Cumberland	
Accident or Suicide?		no -	
		Md.	



Name

in  
Full

## CERTIFICATE OF DEATH

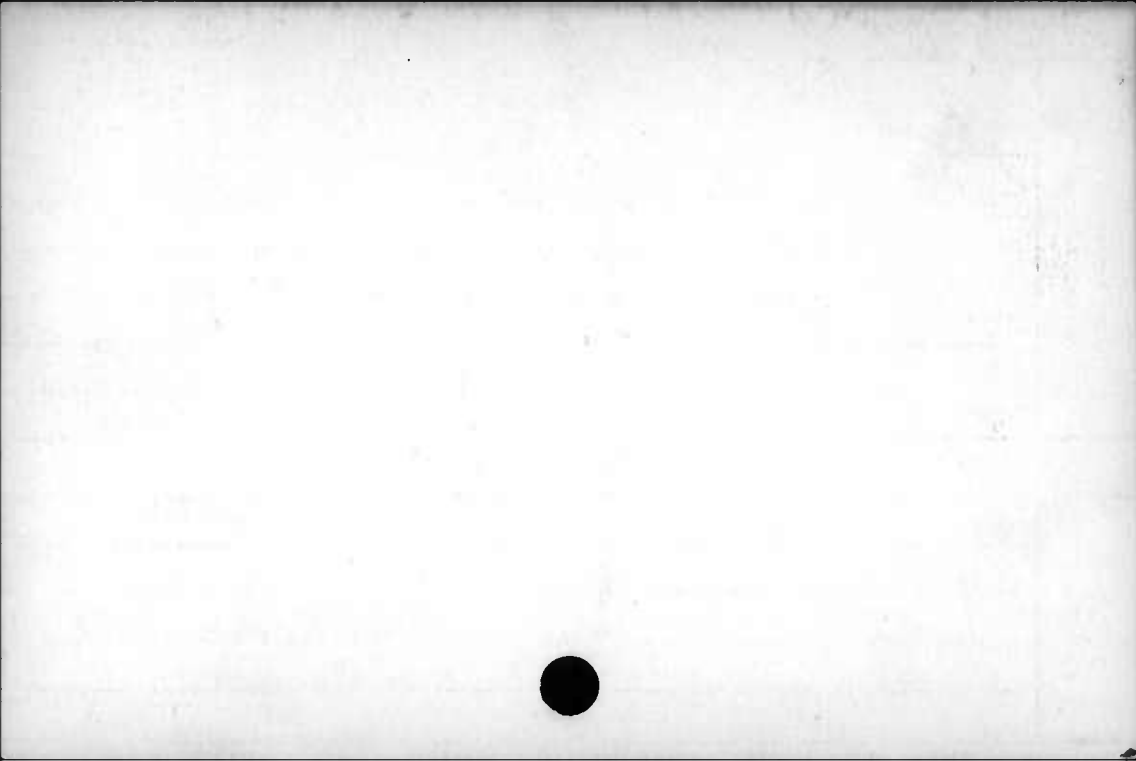
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Emmels</i> Town		County <i>Allegheny</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>5</i>	Day <i>25</i>	Age <i>41</i>	Months
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Herrsburg</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Emmels</i>				
Married <i>Single</i> or Widowed	Name of Wife or Husband <i>Nancy Zorn</i>		Father's Birthplace <i>America</i>		
Father's Name <i>Henry Gbaker</i>			Mother's Birthplace <i>Prussia</i>		
Mother's Maiden Name <i>Eliza Degameyer</i>			How related to deceased <i>Wife</i>		
Name of person giving information <i>Nancy Zorn</i>					

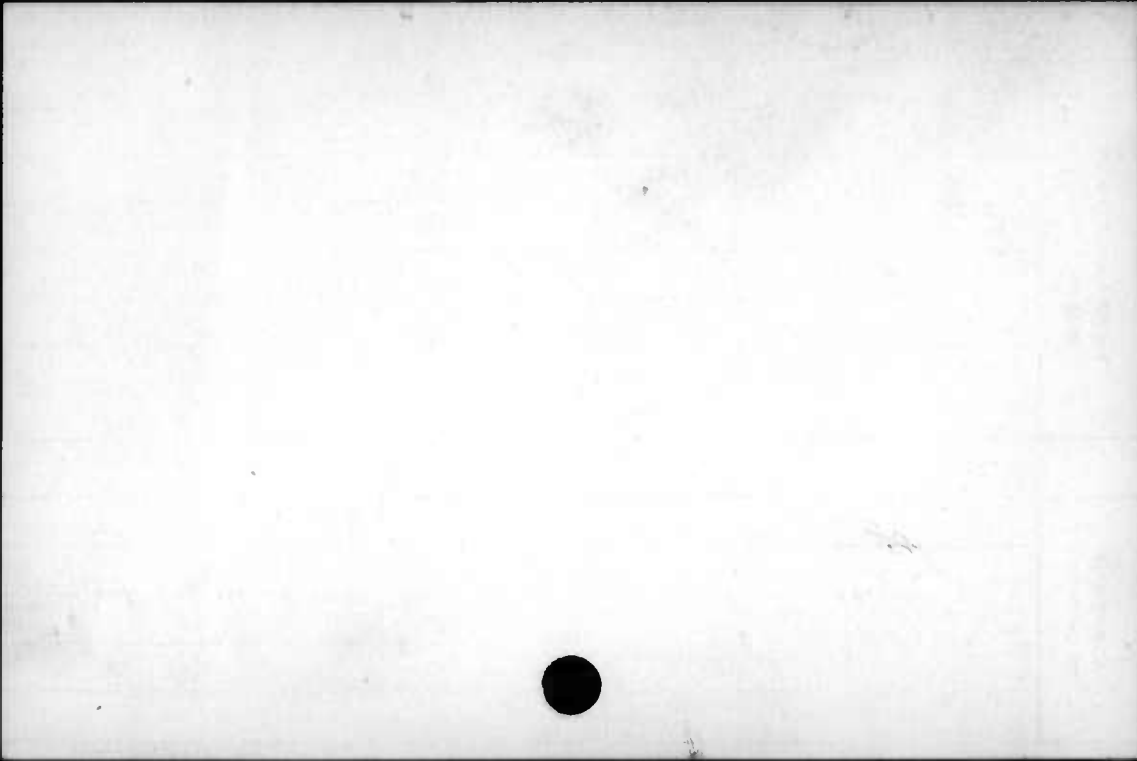
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>166</i>	How long
Immediate <i>Rail Road accident</i>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>G. H. Mark</i>	Address <i>Herrsburg Md</i>
Accident or Suicide? <i>accident</i>		



Name in Full		Town				County		CERTIFICATE OF DEATH			
Kate Orr		Cumberland				Alleghany		MARYLAND			
Died at		Date of death		Month		Day		Age		Years	
		1907		May		20		82			
Sex		Female		Color or Race		White		Birth-place		England	
Occupation		retired		Where Residing if not at place of death							
Married, Single or Widowed		Widow		Name of Wife or Husband		Robert Orr					
Father's Name		Andrew Fuller		Father's Birthplace		England					
Mother's Maiden Name		Don't Know		Mother's Birthplace		England					
Name of person giving information		Walter Powell		How related to deceased		Son					
CAUSES OF DEATH											
Primary		Cancer		(45)		How long		2 yrs			
Immediate		Exhaustion				How long		2 weeks			
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		O. H. Braem					
				Address		Cumber					
Accident or Suicide?										Md	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>John W Parsch</b>		Town <b>Cumberland</b>		County <b>Allegany</b>		MARYLAND	
Died at		Date of death <b>1907</b>		Month <b>May</b>		Day <b>16</b>	
Age <b>53</b>		Years <b>53</b>		Months <b>2</b>		Days <b>—</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Germany</b>			
Occupation <b>Laborer</b>		Where Residing if not at place of death <b>—</b>					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Marie Nelrich</b>					
Father's Name <b>Do not know</b>		Father's Birthplace <b>Germany</b>					
Mother's Maiden Name <b>Do not know</b>		Mother's Birthplace <b>Germany</b>					
Name of person giving information <b>Marie Parsch</b>		How related to deceased <b>Wife</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Nephritis</b>		How long <b>2 or 3 yrs</b>	
Immediate <b>Nephritis</b>		How long <b>3 days</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>W. A. [Signature]</b>	
		Address <b>Cumberland MD</b>	
Accident or Suicide? <b>—</b>			



Name

in  
Full

Female Child of Mrs Preston

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

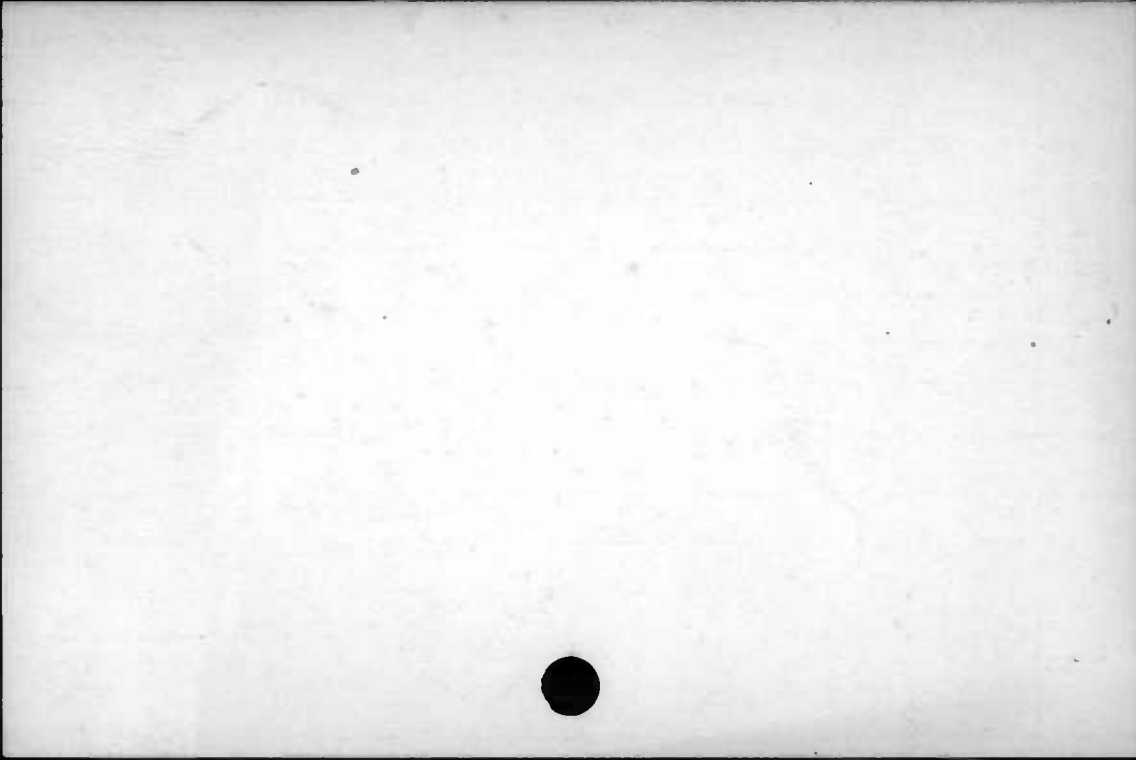
Died at <i>Frostburg</i> <sup>Town</sup>		<i>Allegany</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month <i>5</i>	Day <i>24</i>	Age <i>—</i>	Years <i>—</i> Months <i>—</i> Days <i>9</i> Hours <i>—</i>
Sex <i>F</i>	Color or Race <i>N</i>		Birth-place <i>Md</i>		
Occupation <i>Child</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>William Preston</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Sarah Caulfield</i>		Mother's Birthplace <i>England</i>			
Name of person giving information <i>William Preston</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<i>Premature Birth</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>D H M Lane</i>
		Address <i>Frostburg Md</i>
Accident or Suicide?		



Name  
in  
Full

Nelson C. Read

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

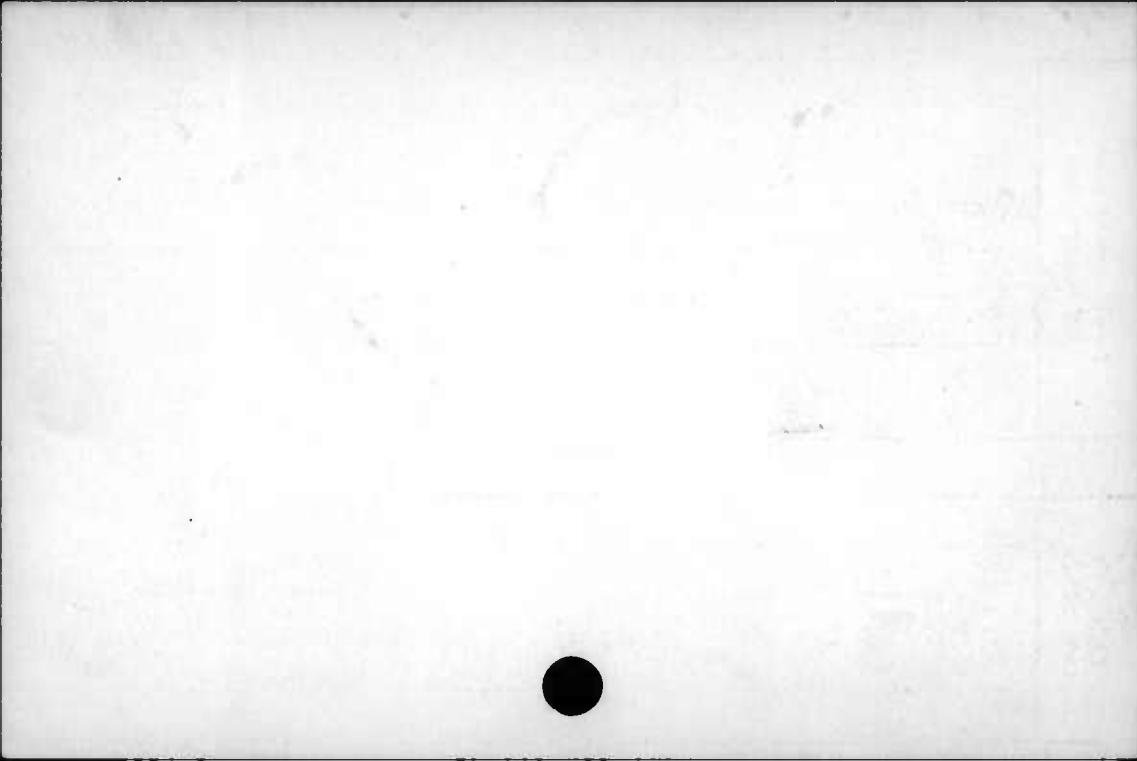
Died at		Town		County		State	
Near Cumberland (near)		Allegany		Cecil		MARYLAND	
Date of death	1907	Month	May	Day	31	Years	54
						Months	4
						Days	28
Sex	Male		Color or Race	White		Birth-place	Cumberland Md.
Occupation	Retired			Where Residing if not at place of death			
			149 Washington St., Cumberland				
Married, Single or Widowed	Married		Name of Wife or Husband	Helen H. L. Read			
Father's Name	Nelson Clark Read					Father's Birthplace	Montgomery Co. Md.
Mother's Maiden Name	Mary Jordan Lamar					Mother's Birthplace	Allegany Co. "
Name of person giving information	Helen H. L. Read					How related to deceased	Wife

## CAUSES OF DEATH

56

PHYSICIAN  
OR CORONER

Primary	Acute Alcoholism	How long	8 days
Immediate	Cerebral Hemorrhage	How long	at once
Are the name, age, sex, color, date and place correctly given above?	Yes -	Signature of Physician	E. B. Laybrook M.D.
		Address	Cumberland Md.
Accident or Suicide?			



Name  
in  
Full

Anthony Reese

CERTIFICATE OF DEATH

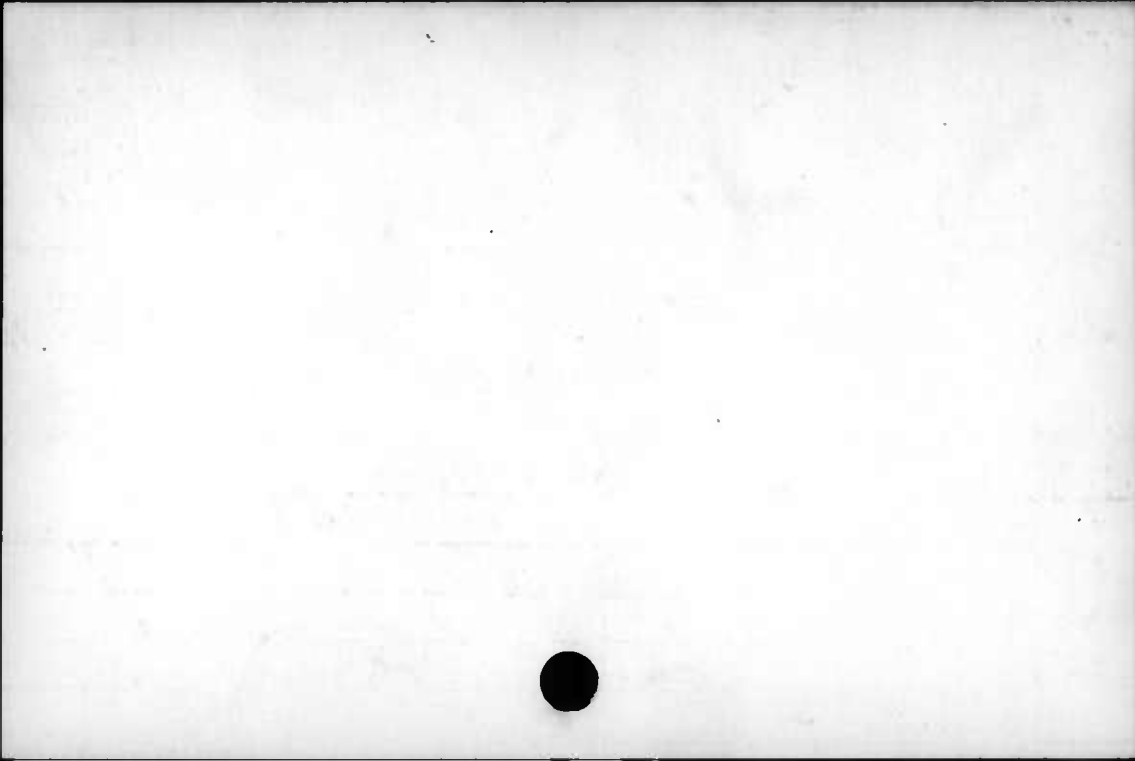
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumberland</u> <sup>Town</sup>		<u>Allegheny</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u>	Month <u>May</u>	Day <u>28</u>	Age <u>54</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Wales</u>			
Occupation <u>Salesman</u>	Where Residing if not at place of death <u>-</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mrs. Reese</u>				
Father's Name <u>Thomas Reese</u>	Father's Birthplace <u>Wales</u>				
Mother's Maiden Name <u>Harriet Jones</u>	Mother's Birthplace <u>Wales</u>				
Name of person giving information <u>Thomas Reese</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

Primary <u>Holter's</u>	How long <u>10 days</u>
Immediate <u>coma</u>	How long <u>6 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. J. Dure</u>
	Address <u>Cumberland Md</u>
Accident or Suicide? <u>  </u>	

PHYSICIAN  
OR CORONER





Name  
in  
Full

Fredrick H Reith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Camberland</i>		County <i>Alleghany</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>5</i>	Age <i>67</i>	Months <i>5</i>	Days <i>20</i>
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>Carpenter</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Angusta Reith</i>			
Father's Name <i>Dont Know</i>			Father's Birthplace <i>Dont Know</i>		
Mother's Maiden Name <i>Dont Know</i>			Mother's Birthplace <i>Dont Know</i>		
Name of person giving information <i>August Reith</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Infantile</i>	How long <i>4 weeks</i>
Immediate <i>Pneumonia</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. [illegible]</i>
	Address <i>[illegible]</i>
Accident or Suicide? <i>-</i>	

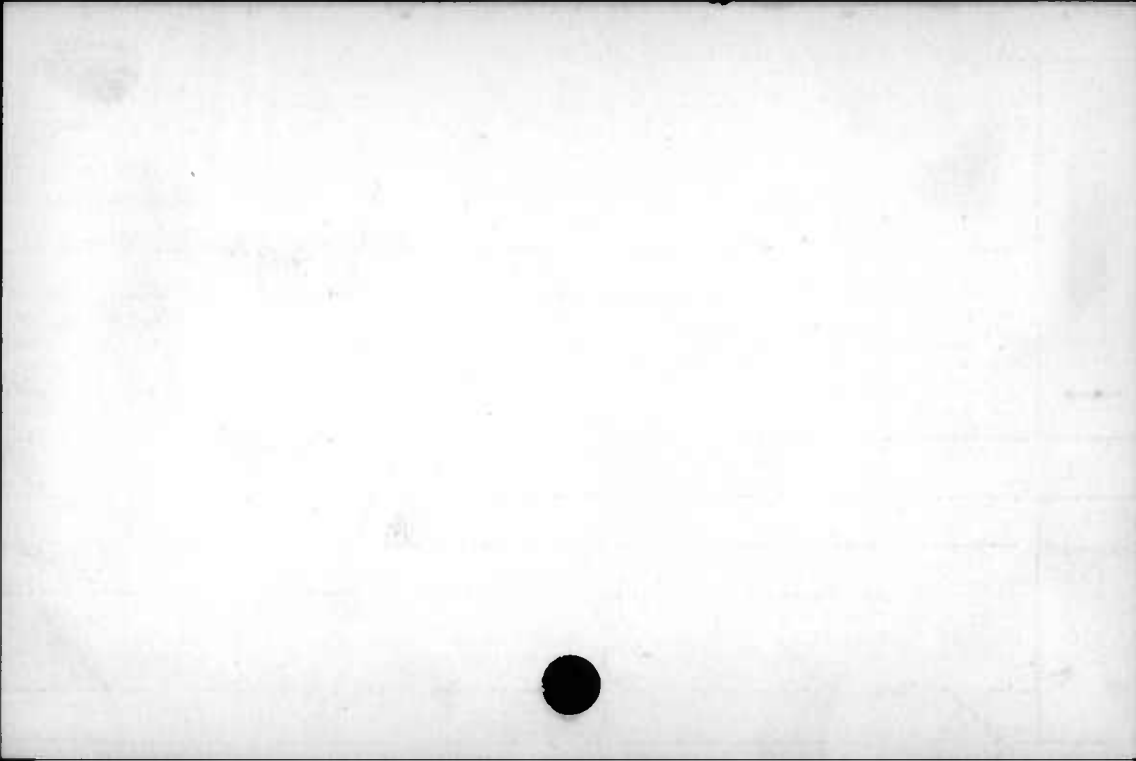
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Name in Full <b>Raymond B. Robinette</b>		CERTIFICATE OF DEATH	
Died at <b>Found at Dawson</b> Town		County <b>Alleghany</b>	
Date of death <b>1907</b> Month <b>Sept</b> Day <b>know</b>		Age <b>32</b> Years Months Days	
Sex <b>male</b>	Color or Race <b>White</b>	Birth-place <b>Flinstone</b>	
Occupation <b>R.R. Brakeman</b>	Where Residing if not at place of death <b>Ridgely St. Va</b>		
Married, Single or Widowed <b>Married</b>	Name of Wife or <del>husband</del> <b>Clara Robinette</b>		
Father's Name <b>J. B. Robinette</b>	Father's Birthplace <b>Flinstone Md</b>		
Mother's Maiden Name <b>Mary E. Davis</b>	Mother's Birthplace <b>" Md</b>		
Name of person giving information <b>B. F. Davis</b>	How related to deceased <b>Aunt</b>		
CAUSES OF DEATH			
Primary	<b>Drowned Found May 16</b>		
Immediate	<b>How long</b>		
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>G. H. Martz corner</b>		
Address <b>Quint</b>	<b>Quint</b>		
Accident or Suicide? <b>Suicide</b>	<b>Md</b>		

NO BE ANSWERED BY  
 NEAREST FRIEND

PHYSICIAN  
 OR CORONER

158



Name  
in  
Full

Harriet Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumtā</i> Town			County <i>Allegheny</i>			MARYLAND		
Date of death <i>1907</i>		Month <i>may</i>	Day <i>10</i>	Age <i>100</i>	Years	Months	Days	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>Md</i>				
Occupation <i>Wife</i>				Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Wm Henry Robinson</i>						
Father's Name <i>Don't Know</i>		Father's Birthplace <i>Don't Know</i>						
Mother's Maiden Name <i>Don't Know</i>		Mother's Birthplace <i>Don't Know</i>						
Name of person giving information <i>Wm H Robinson</i>		How related to deceased <i>Husband</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>154</i>	How long
Immediate <i>old age</i>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>G. H. Matz corner</i>	
<i>Steen</i>	Address <i>Scrubland Md</i>	
Accident or Suicide?		



Name  
in  
Full

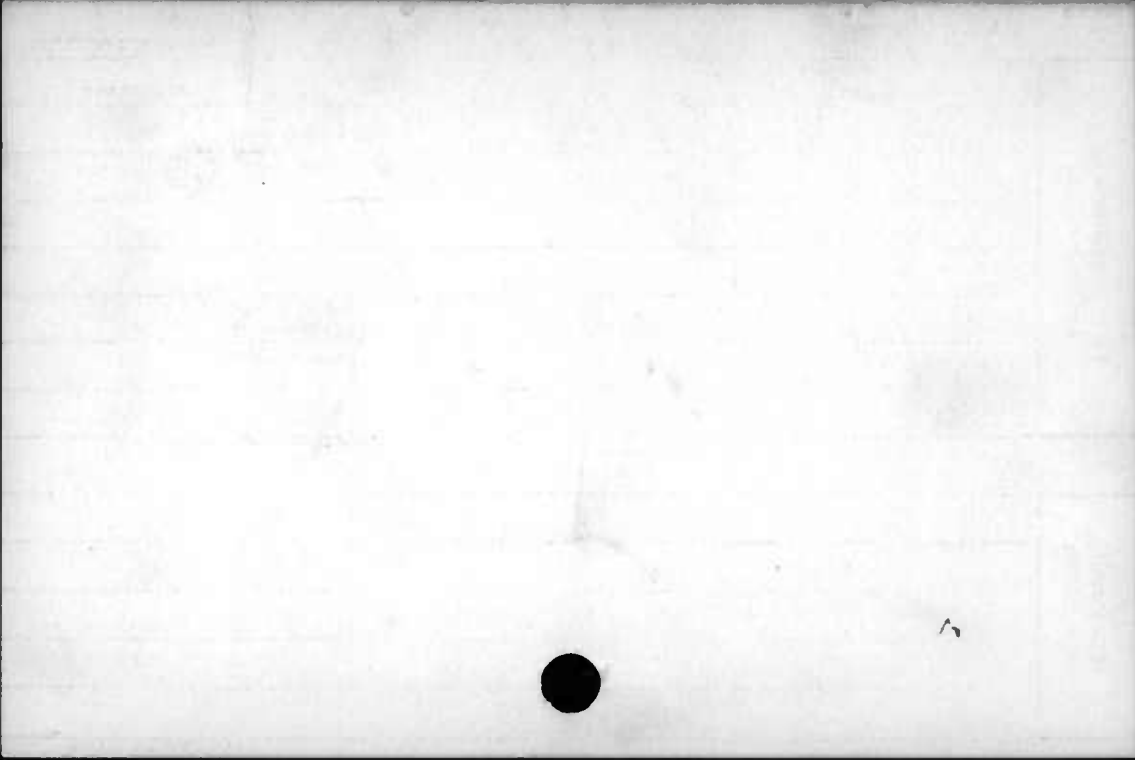
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumtola</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death	1907	Month	May	Day	1
Age	—	Years	—	Months	—
Sex	Male	Color or Race	White	Birth-place	Cumtola
Occupation	—		Where Residing if not at place of death —		
Married, Single or Widowed	Single	Name of Wife or Husband —			
Father's Name	Albert J Rodenhanser			Father's Birthplace	Cumtola
Mother's Maiden Name	Laura V Boss.			Mother's Birthplace	Cumtola
Name of person giving information	Albert J Rodenhanser			How related to deceased	Father

## CAUSES OF DEATH

Primary	<u>Tuberculosis</u>	How long	<u>8</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	<u>Dr. Thos. Koone</u>
		Address	<u>Cumtola</u>
Accident or Suicide?			<u>and</u>





Name  
in  
Full

CERTIFICATE OF DEATH

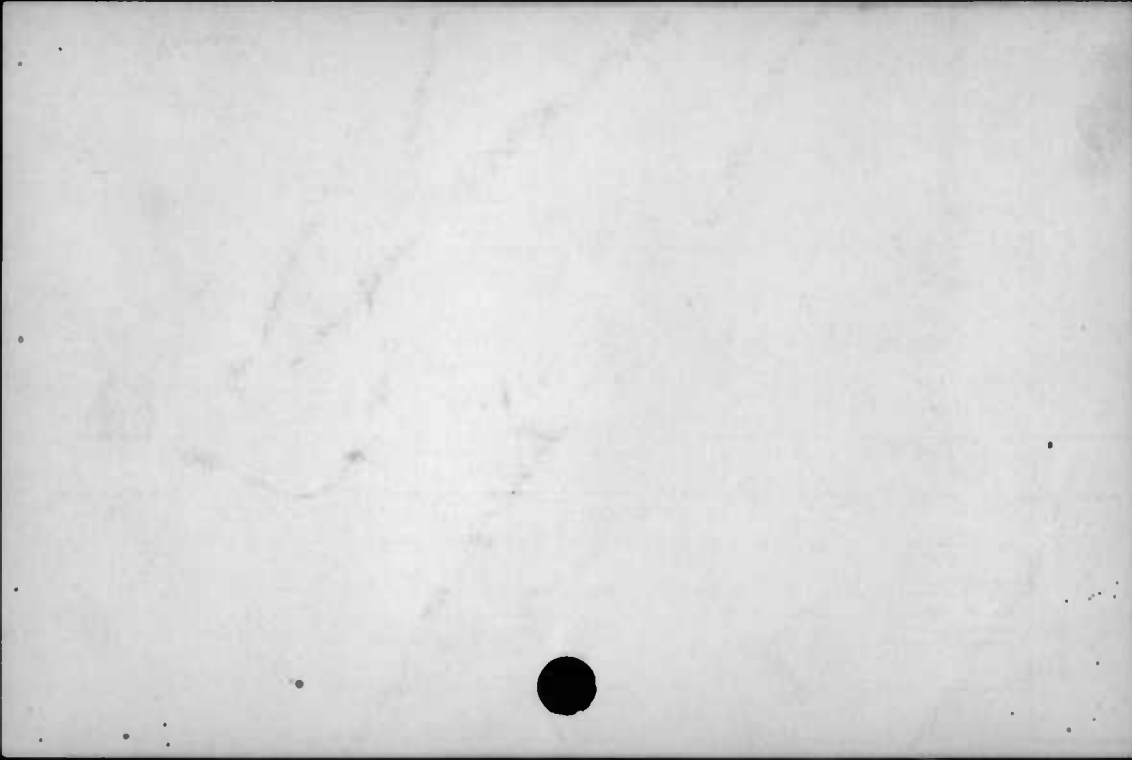
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		May	13	24	10		
Sex	Male	Color or Race	White		Birth place	Frostburg	
Occupation	Miner		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband				
Father's Name		Charles Ruff		Father's Birthplace			
				Germany			
Mother's Maiden Name		Elizabeth Ruff		Mother's Birthplace			
				Germany			
Name of person giving information		John Ruff		How related to deceased			
				None			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Crushed in mine	How long	—
Immediate	Shock	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. C. Coker	
		Address	
		Frostburg	
Accident or Suicide?		No	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Frederick Stevens*

Town *Allegany* County *Allegany* MARYLAND

Died at *Allegany*

Date of death 190 *7* Month *May* Day *27* Age *61.3* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Unknown*

Occupation *Coal Miner* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Mary Stevens*

Father's Name *Sammy Stevens* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *Eugene Stevens* How related to deceased *Son*

CAUSES OF DEATH

(112)

PHYSICIAN  
OR CORONER

Primary *Cancer of liver* How long *8 yrs*

Immediate *Cardiac exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. C. Cohen*

Address *Firstburg*

Accident or Suicide? *No*



Name  
in  
Full

(Stillborn)

Sunseri

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *So Cumberland* Town *allgany* County  
 Date of death *1907* Month *May* Day *29* Age *1* Years Months Days  
 Sex *Female* Color or Race *white* Birth-place *MD*  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_

Name of Wife or Husband \_\_\_\_\_

Father's Name

*Joseph Sunseri*

Father's Birthplace

*Italy*

Mother's Maiden Name

*Prudence Skidana*

Mother's Birthplace

*Italy*

Name of person giving information

*Joseph Sunseri*

How related to deceased

*Father*

## CAUSES OF DEATH

150

PHYSICIAN  
OR CORONER

Primary

*Spina Bifida + Hydrocephalus*

How long

*Stillborn*

Immediate

How long

*Stillborn*

Are the name, age, sex, color, date and place correctly given above?

*yes*

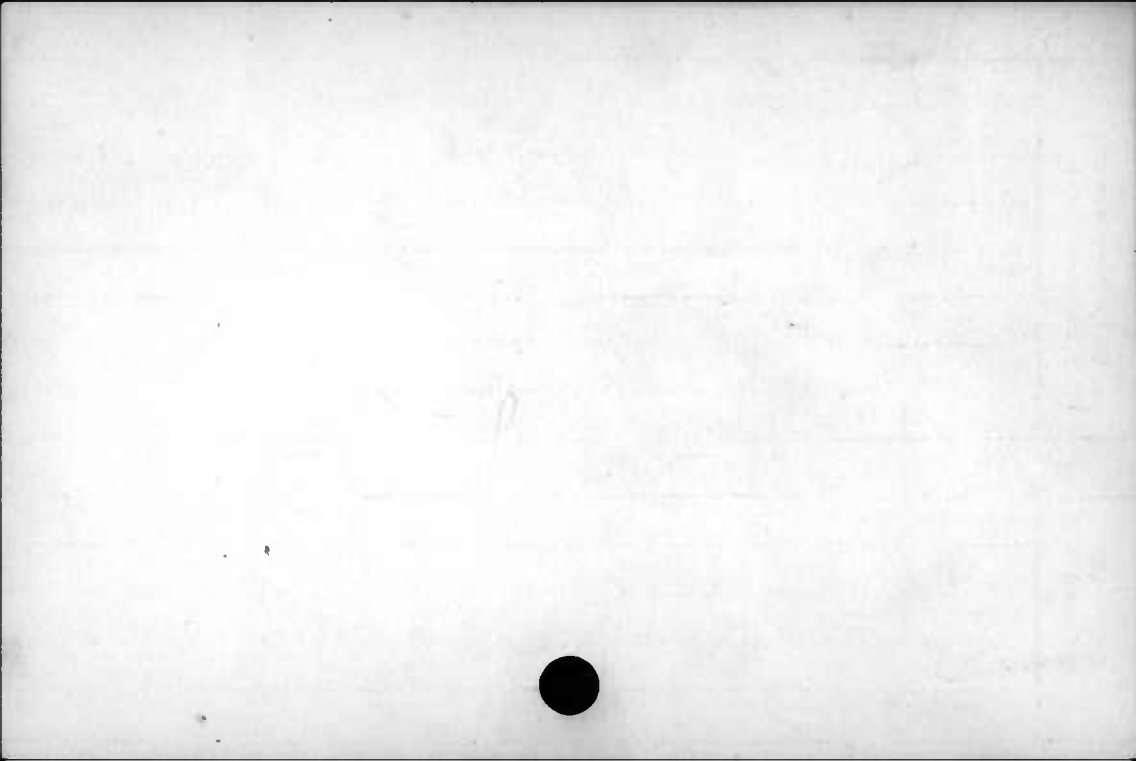
Signature of Physician

*E. L. Bradford MD*

Address

*Cumberland*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

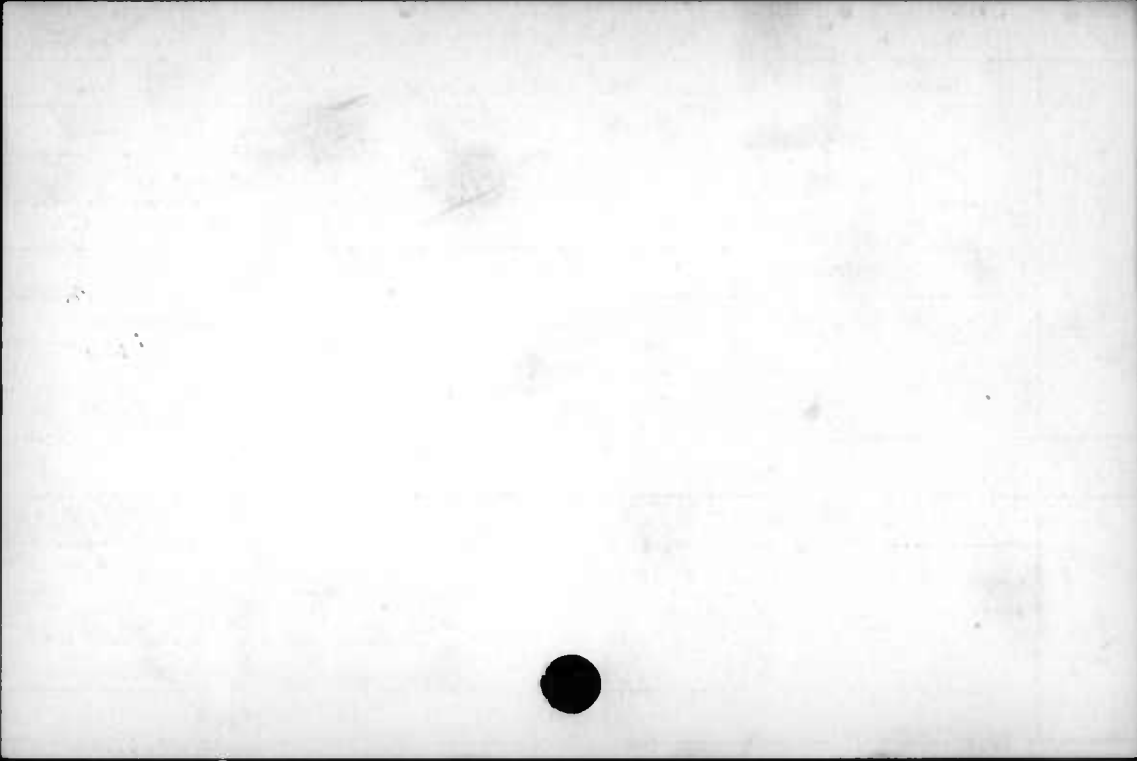
Name in Full <i>John Thomas</i>		Town <i>Cum</i>		County <i>Alle</i>		STATE <b>MARYLAND</b>	
Died at <i>Cum</i>		Month <i>May</i>		Day <i>22</i>		Years <i>35</i>	
Date of death <i>1907</i>		Age <i>35</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Don't know</i>			
Occupation <i>Labourer</i>		Where Residing if not at place of death <i>Lipp old Lime Kiln</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>not known</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Conrad Miller</i>		How related to deceased <i>none</i>					

## CAUSES OF DEATH

1741

PHYSICIAN  
OR CORONER

Primary		How long <i>1741</i>	
Immediate <i>asphyxiation on Lime Kiln</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. H. Madsen</i>	
Address <i>Cumberland</i>		Address <i>—</i>	
Accident or Suicide? <i>no</i>		Address <i>MD</i>	





Name  
in  
Full

William Thomas

CERTIFICATE OF DEATH

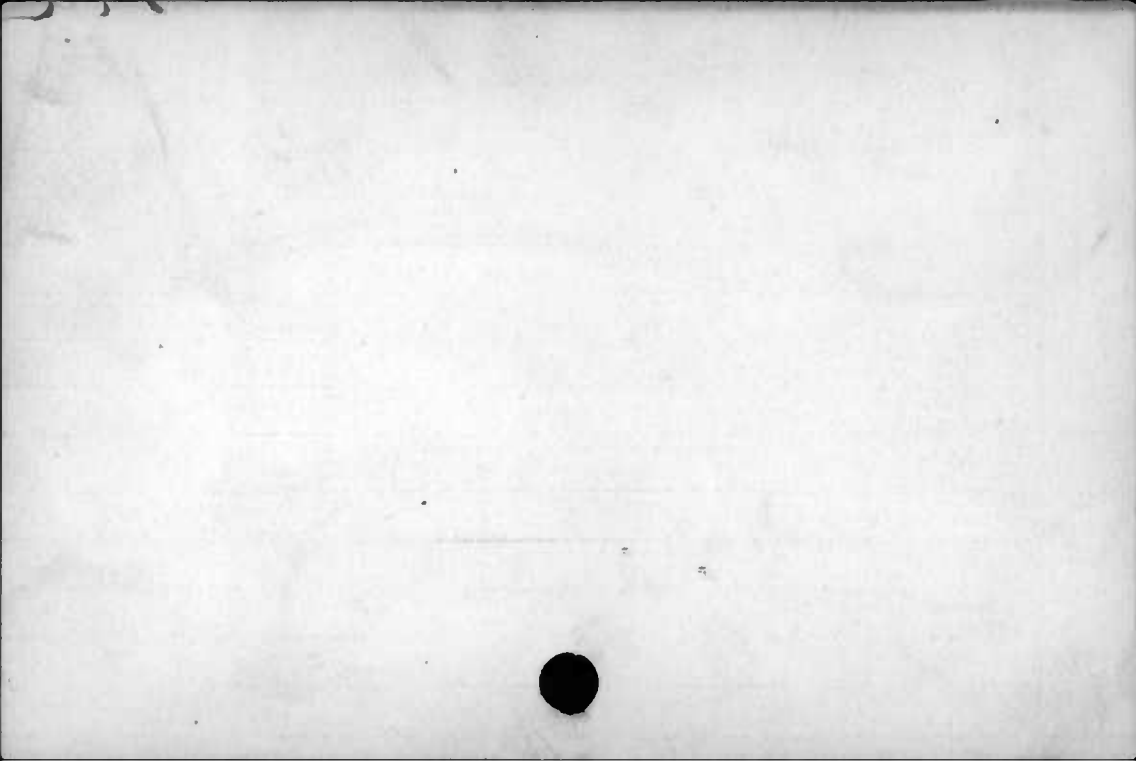
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumtula and academy</i>		County		MARYLAND	
Date of death	1907	Month	May	Day	23
Sex	Male	Color or Race	White	Age	80
Occupation	Laborer		Birth-place	Fales	
Married, Single or Widowed	Widower		Name of Wife or Husband	Do not know	
Father's Name	Do not know		Father's Birthplace	Do not know	
Mother's Maiden Name	Do not know		Mother's Birthplace	Do not know	
Name of person giving information	Mr. Wilson		How related to deceased	Not at all	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Apoplexy</i>	How long	<i>2 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>M. J. Fering</i>
		Address	<i>Cumtula and</i>
Accident or Suicide?	<i>No</i>		<i>MB</i>



Name in Full <b>Margrette Weigle</b>		Town <b>Bunkerland</b>				County <b>Alleghany</b>		CERTIFICATE OF DEATH	
Died at		Month <b>May</b>		Day <b>18</b>		Years <b>69</b>		Months <b>8</b>	
Date of death <b>1907</b>		Age <b>69</b>		Months <b>8</b>		Days <b>7</b>		MARYLAND	
Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b>Alleghany Co Md</b>					
Occupation <b>Wife</b>		Where Residing if not at place of death <b>-</b>							
Married, Single or Widowed <b>married</b>		Name of Wife or Husband <b>Jacob Weigle</b>							
Father's Name <b>David Simpson</b>		Father's Birthplace <b>Md</b>							
Mother's Maiden Name <b>Don't Know</b>		Mother's Birthplace <b>Don't Know</b>							
Name of person giving information <b>Martha Thrasher</b>		How related to deceased <b>Daughter</b>							
CAUSES OF DEATH									
Primary <b>Arteriosclerosis</b>		<b>(120)</b>				How long <b>30 days</b>			
Immediate <b>Exhaustion coma</b>						How long <b>3 days</b>			
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>J. J. [unclear]</b>				Address <b>Camden Md</b>			
Accident or Suicide? <b>-</b>									

69 = Aug 11.

70 ~~rain~~

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		State	
Date of death		Month	Day	Years	Months	Days	
Sex		Color or Race		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name  
in  
Full -

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full - <i>Female Dead born Williams</i>		Town <i>Frostburg</i>		County <i>Allegany</i>		State <i>MARYLAND</i>	
Died at		Month <i>5</i>		Day <i>11</i>		Age <i>Dead born</i>	
Date of death <i>1907</i>		Sex <i>F.</i>		Color or Race <i>N.</i>		Birth-place <i>Md</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Do not know name</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>Maggie Williams</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Dead born</i>		How long <i>—</i>	
Immediate		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. H. M. Lane</i>	
		Address <i>Frostburg Md</i>	
Accident or Suicide?			

Alleg. Clem  
(Grand father)



Name  
in  
Full

Mary Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frostburg</i> <small>Town</small>		<i>Alleg</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	Month <i>May</i>	Day <i>10</i>	Years <i>28</i>	Months Days
Sex <i>F</i>	Color or Race <i>W</i>		Birth-place <i>Frostburg Md</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Robert A. Wilson</i>				
Father's Name <i>Edward Price</i>	Father's Birthplace <i>Wales</i>		Mother's Birthplace <i>Wales</i>		
Mother's Maiden Name <i>Ann Lewis</i>	How related to deceased <i>Brother</i>				
Name of person giving information <i>Ann Price</i>					

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Acute-Endocarditis</i>	How long <i>3 weeks</i>
Immediate <i>a</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Griffith</i>
	Address <i>Frostburg Md.</i>
Accident or Suicide?	

